Kentucky

UNIFORM APPLICATION
2009

STATE IMPLEMENTATION REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

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Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

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2009 Implementation Report

Summary of Areas Previously Identified by State as Needing Improvement

Narrative Question: Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

1. Establish a workgroup to restructure the consumer services function at the state level.

The Division of Behavioral Health was directed by leadership to convene a workgroup in SFY 2009 with the goal of redesigning the consumer affairs function within the Division. This workgroup was established and consisted of several adult branch staff members, including the consumer liaison, a representative from the substance abuse treatment branch, and an adult consumer. During the summer of 2009, a consultant was hired to implement a two-day workgroup retreat to begin brainstorming consumer service issues and needs. A framework for redesign was developed. Consumer input was gathered at several points along the way, including informal meetings with the Division Director and during two Olmstead/Consumer Advisory Committee meetings. Formal recommendations for the redesign were presented to the Division Director and consisted of the following:

- Hire a full-time Consumer Services Coordinator who is a self-declared consumer of mental health services;
- Identify ideal staffing pattern for the Consumer Affairs Office and create a budget for the reorganized office;
- Evaluate existing funding for consumer initiatives and reallocate based on consensus priorities;
- Consolidate/integrate existing training and education initiatives;
- Improve communication with stakeholders; and
- Consolidate consumer initiatives and create Request for Proposals (RFPs).

In March 2009, new leadership decided to put these recommendations on hold until a new Commissioner could be hired.

2. Provide Leadership Academy training for at least one hundred (100) additional consumers through four (4) regional training events.

Leadership Academy Level I training was held at five (5) locations during SFY 2009. One of these trainings was available by video conference to other sites in a specific region. There were 87 Leadership Academy graduates. Previous Level II graduates participated in a telephone conference with Leadership Academy staff, to discuss consumer needs. This group decided that focus on Eastern

Kentucky for Level I training and two other areas for Level II training should be the priority for the new fiscal year.

3. Provide technical assistance to individual providers implementing peer support through a Medicaid funded pilot program in two regions. Provide training for at least fifty (50) additional consumers.

Throughout SFY 2009, Division staff and providers continued to work with Medicaid to approve funding for the pilot program. A State Plan Amendment was submitted to the Center for Medicaid and Medicare Services (CMS) in April of 2009, defining peer specialist services as a Medicaid reimbursable service. However, this amendment is currently in pending status. Due to the current budget situation in Kentucky, service expansion is not currently being approved by Medicaid. Division staff continues to work with providers, consumers, and the Department for Medicaid Services to demonstrate that peer support services are cost effective. A data mart has been developed to assess cost to Medicaid before and after receipt of peer support services. Three Kentucky Peer Specialist training events did occur during SFY 2009. There were 45 participants trained and 40 who successfully completed the examination to become Kentucky Peer Specialists.

4. Continue development of Mental Health and Aging Coalitions in local regions, and continue collaboration through the state level Mental Health and Aging Coalition to encourage and promote mental health awareness for the aging population.

During SFY 2009, Block Grant funds continued to support local Mental Health and Aging Coalitions. Mini grants were awarded to several local coalitions to promote mental health awareness, suicide prevention and education regarding mental health issues in the aging population. In June of 2009, an all day annual meeting was hosted by the statewide Mental Health and Aging Coalition. This meeting was well attended from stakeholders across the state. The meeting included consumer presentations and a panel presentation involving several state agencies as well as consumers. New officers were elected to the statewide coalition during this meeting.

5. Develop a comprehensive plan to implement evidence-based Supported Employment as part of a recovery-oriented community support program and seek financial support (e.g., Johnson and Johnson Foundation).

The Division of Behavioral Health has been working to strengthen access to evidence based mental health services for adults with severe mental illness who want to work. Employment is viewed as central to recovery for individuals with

SMI. Division staff has been working on securing funds from the Johnson & Johnson Dartmouth Community Mental Health Program. This program will provide technical assistance and funding for supported employment for adults with SMI. In November of 2008, a conference call was held with Dartmouth staff to familiarize them with Kentucky's public mental health system, strengths of its current staff and relationships with key agencies such as the Office of Vocational Rehabilitation and local providers. Division staff attended the Supported Employment Trainer training in New Hampshire in February 2009. A videoconference with interested community program staff, including Regional Boards, was hosted by the DBHDID and the Office of Vocational Rehabilitation during the spring of 2009. This videoconference introduced participants to the program model as well as to the evidence based fidelity scale. Division staff continues to collaborate with interested providers on this program.

6. Increase the number of persons receiving Supported Housing services through a number of activities including hosting quarterly meetings, providing focused training and collaborating with the Kentucky Housing Corporation.

During SFY 2009, several housing meetings were held with regional and Department staff. The Department continued to collaborate with Kentucky Housing Corporation and continued to provide 50% funding for a full-time housing specialist at Kentucky Housing Corporation to provide focused training to regional supported housing providers throughout SFY 2009. Due to the Regional Boards receiving a 3% reduction in state funding during SFY 2009, in addition to increased employee insurance and retirement contribution amounts, supported housing services actually declined slightly during SFY 2009.

7. Maintain an Advisory Committee to review Case Management Standards, training curriculum, and certification process. Sponsor four (4) two-day resource training events for existing case managers.

An Adult Case Management Advisory Committee was maintained during SFY 2009. This group met monthly by teleconference during the winter of 2009, in order to address training needs and plan Level II training events. This group continues to meet via teleconference on a quarterly basis. This allows an opportunity for regions to share feedback with Division staff regarding regional training needs, training curriculum and other staffing issues. During SFY 2009, two (2) two-day Level II training events were held on a regional basis. These two trainings consisted of one day of motivational interviewing training for case managers and one day of dialectical behavior therapy for case managers. One training event was held in eastern Kentucky and one training event was held in southern Kentucky, due to requests from the Advisory Committee that trainings

were needed in these areas. Due to travel restrictions in some regions, not all case managers who wanted to attend were able to attend. We are planning additional trainings to accommodate these staff.

8. Work with the Quality Management Outcomes Team (QMOT) to address data accuracy and the development of state-wide emergency services performance indicators.

A number of data quality reports and utilization reports have been shared with QMOT members. One report deals with minimum and maximum units of services as a way to flag problems with data quality in service utilization data. Basic services utilization reports have also been shared with QMOT so that they may work with appropriate personnel in their agency to insure data quality. State-wide emergency services performance indicators are still a priority and continue to be in the development stage.

9. Develop criminal justice/behavioral health infrastructure at the state and local level through the formation of a state level advisory group and regional workgroups.

The DBHDID received a grant from the Greater Cincinnati Health Foundation during SFY 2009 titled, “The Northern Kentucky Criminal Justice/Mental Health Symposium and Strategic Planning Forum.” This grant provided for collaborative strategic planning for services related to persons with mental illness and substance abuse disorders involved with criminal justice. A regional workgroup called the Northern Kentucky Criminal Justice/Behavioral Health Advisory Committee (NKCJBHAC) was formed including representation from eighteen different state and local partnering agencies. One meeting of the NKCJBHAC was held at the Administrative Office of the Courts with the purpose of introducing state level leadership to the “Sequential Intercept Model” and how the NKCJBHAC fit into that model. Subsequent meetings resulted in the planning and implementation of a two-day conference in May of 2009 and a Strategic Planning Symposium to follow in July of 2009. The two-day conference, entitled, “Recovery, Responsibility and Resiliency for Justice Involved Persons with Behavioral Health Disorders” was held in Northern Kentucky and included national speakers in the field. This conference was attended by over 500 attendees who represented approximately 200 different agencies, either from the justice or behavioral health systems in Kentucky, Indiana and Ohio.

10. Implement the next phase of the consumer satisfaction project through drafting of a statewide report card as well as implementing a standardized sampling method across all regions.

A draft of a state-wide report card of the Adult MHSIP survey has been developed and is due to be presented to QMOT members in SFY 2010. QMOT members are interested in receiving region specific data in the report card format to use with stakeholders in their respective regions. This project will continue into SFY 2010.

11. Continue to transition long-term residents of state psychiatric hospitals to the community with the support of federal Olmstead Coalition funds and state adult wraparound funding.

Kentucky's legislature has provided $800,000 in Olmstead funding to assist in discharge planning efforts for individuals with complex service needs who are long-term residents in state psychiatric facilities. KBHDID has established four Olmstead Transition Committees at each of the four state hospitals that meet and plan for community placement. DBHDID has responsibility for the monitoring of the Kentucky Olmstead Initiative in each of the four state operated/contracted psychiatric hospital regions. Transition teams comprised of the representatives from the hospitals, the Regional Board, DBHDID staff, and other appropriate stakeholders meet on a frequent basis to review transition plans that assure a smooth and timely discharge to the community for identified consumers. Challenges remain due to the limited Olmstead funds for hospital regions, as well as the unavailability of adequate funding for community-based services as alternatives to hospitalization. During SFY 2009, community based Olmstead funds that were available were used to provide regionalized consumer skills training, to produce three DVDs to be used for education (Advance Directives for Mental Health Treatment, Supported Housing and Mental Health Recovery) and to provide planning for the development of a mental health recovery toolkit that will be for statewide use.

12. Develop a housing plan that will target housing and support services to the population for which Olmstead applies.

A housing plan was developed and finalized in September of 2008. In December of 2008, the Department, in collaboration with Kentucky Housing Corporation, made Olmstead housing vouchers available to Regional Boards. These vouchers targeted the Olmstead population (individuals with serious mental illnesses who have been hospitalized for longer than 90 days). Olmstead transition committees had difficulty utilizing these vouchers due to the lack of regional funding to provide the support services necessary to accompany these vouchers. Due to the Regional Boards receiving a 3% reduction in funding for SFY 2009, in addition to increased employee insurance and retirement contribution amounts during SFY 2009, the Regional Boards were unable to provide increased housing support services. Also during SFY 2009, the

Department, in collaboration with Kentucky Housing Corporation provided SSI/SSDI Outreach, Access and Recovery (SOAR) training to case managers, housing specialists and other social service workers throughout the state to give them knowledge and information needed to successfully assist disabled persons in accessing SSI/SSDI, as a first step toward gaining housing and independence. There were eight SOAR trainings held in various regions during SFY 2009.

13. Continue to work with the Deaf and Hard of Hearing Advisory Council to develop a culturally and linguistically affirmative system of care for Deaf and Hard of Hearing consumers and identify funding or legislation necessary to implement the plan.

Staff within the Deaf and Hard of Hearing Services program has been working with the Advisory Council to restructure the service system and positively affect the quality of mental health services for this population. During SFY 2009, over 60 training events were held, reaching over 885 people. These training events were based on the needs of the participants and included providers and consumers. A statewide network was formed from groups involved in the 2008 Needs Assessment. This network named itself KY CARE: Connecting Advocates for the Recovery and Empowerment of Deaf and Hard of Hearing Individuals and Communities, and was responsible for many awareness, education and stigma reducing activities. Deaf and Hard of Hearing Services staff at the Department collaborated with the Kentucky Commission on the Deaf and Hard of Hearing to host a one day event celebrating storytelling, Deaf culture and recovery. “Hands on DeaFestival” included consumers, providers, family members and interpreters. A DVD is currently in production that documents this event.

14. Explore alternative, cost effective methods for administering the Community Medications Support Program.

During SFY 2009, the Division began reviewing alternative methods for administering the Community Medications Support Program. The Community Medications Support Program staff is currently collaborating with the Department of Public Health Kentucky Pharmaceutical Assistance Program and the Community Mental Health Centers across the state in an attempt to streamline the eligibility process for accessing free and/or low cost medications.

15. Develop a plan at the Division level to promote community-based, integrated mental health and substance abuse services through technical assistance from SAMHSA’s Co-Occurring Center for Excellence (COCE).

Technical assistance was received from the Co-Occurring Center for Excellence (COCE) and from a Dual Diagnosis Capability in Addiction Treatment (DDCAT)

national trainer during SFY 2009. There are plans during SFY 2010 to assemble a fidelity monitoring team that will visit four Regional Boards and use the DDCAT tool at both substance abuse and mental health programs. Results of these evaluations will inform planning and technical assistance to be provided to Regional Boards.

16. Integrate best practices as a standard for service delivery into all Division sponsored training events.

DBHDID continued to promote best practices for service delivery by offering education materials and training opportunities to Regional Boards through Community Support Program quarterly meetings and other opportunities. DBHDID also provides funding for Regional Board staff to become Certified Psychiatric Rehabilitation Practitioners (CPRP) by sponsoring certification examinations through USPRA.

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Narrative Question: Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

During SFY 2009, the following events were noted for the DBHDID:

- State revenues have substantially declined and continue to do so. The Department was forced to pass onto the Regional Boards a 3% reduction in funding at the beginning of SFY 2009. This, in addition to flat funding for many years and increased costs for employee healthcare and retirement benefits forced the Boards to cut some services. Due to a projected one billion dollar shortfall, most other state agencies endured another 4% reduction in funding for SFY 2009 in August of 2009. DBHDID was spared from this last budget reduction. Budget projections remain bleak for SFY 2010;
- A Transformation Transfer Initiative (TTI) Grant was received from SAMHSA in January of 2008, to support the development and sustainability of peer support services statewide. Work continued into SFY 2009 on this project;
- 908 KAR 2:220, a Kentucky Administrative Regulation regarding peer support, was passed in the General Assembly on February 14, 2008. This regulation defined the role and parameters of peer support services, paving the way for making this a Medicaid billable service in Kentucky. In April of 2009, the Department for Medicaid Services submitted a State Plan Amendment to the Center for Medicaid and Medicare Services (CMS). This amendment continues to be in pending status, Department staff continues to work with the Department for Medicaid Services to make this a billable service. A total of one hundred, forty-eight (148) individuals have been trained, to date, as Kentucky Peer Specialists;
- The DBHDID hired a program administrator and a program coordinator for Deaf and Hard of Hearing Services. This team has already begun to restructure the statewide service system and positively affect the quality of services for individuals who are Deaf and Hard of Hearing and suffer from a mental illness;
- The DBHDID, in collaboration with the Kentucky Interagency Council on Homelessness, developed a homeless prevention plan and Kentucky's Ten Year Plan to end homelessness;
- The Department hosted a "Recovery Forum" in June of 2008, bringing in a national speaker to train Regional Board staff, Department staff, and peer specialists in the recovery model; and

- The DIVERTS program, for the Regional MHMR Boards in the Western State Hospital catchment area, showed a continued decrease in psychiatric admission rates.

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Narrative Question: Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

The majority of Kentucky's Mental Health Block Grant funds (82.5%) in SFY 2009 were allocated to the fourteen Regional Boards. The remainder of funding was allocated for various projects to further develop systems of care for adults with SMI and children with SED. The information below outlines expenditures as reported by the Boards and other funded entities. In addition, the funds expended by the Boards are displayed by category of service for adults with SMI.

Purpose for which Regional Board Funds were Expended

Mental Health Block Grant Expenditures for SFY 09

Regional Board	Service/Project	Amount	Totals
Four Rivers	Mental Health Treatment	$103,137	
	Case Management & Outreach	$29,090	
	Sub-Total SMI	$132,227	
	MH Intensive Treatment	$65,630	
	Sub-Total SED	$65,630	
	TOTAL		$197,857
Pennyroyal	Consumer & Family Support	$5,000	
	Crisis Services	$16,500	
	Mental Health Treatment	$48,818	
	Case Management & Outreach	$48,818	
	Housing Options	$30,000	
	Rehabilitation Services	$29,323	
	Sub-Total SMI	$178,459	
	Family Involvement & Support	$7,000	
	MH Outpatient Treatment	$22,658	
	MH Intensive Treatment	$22,658	
	Service Coordination & Wraparound	$22,657	
	Sub-Total SED	$74,973	
	TOTAL		$253,432
River Valley	Consumer & Family Support	$29,200	
	Case Management & Outreach	$30,430	
	Rehabilitation Services	$135,935	
	Sub-Total SMI	$195,565	
	MH Outpatient Treatment	$79,288	
	Sub-Total SED	$79,288	
	TOTAL		$274,853

Lifeskills	Outpatient Therapy	$86,084	
	Intensive Case Management	$3,332	
	Supported Housing	$80,025	
	Office of Consumer Advocacy	$11,165	
	Diverts	$22,717	
	Sub-Total SMI	$203,323	
	MH Outpatient Treatment	$86,739	
	Sub-Total SED	$86,739	
	TOTAL		$290,062
Communicare	Case Management & Outreach	$100,000	
	Rehabilitation Services	$20,407	
	Housing Options	$25,000	
	Sub-Total SMI	$145,407	
	MH Outpatient Treatment	$95,731	
	Sub-Total SED	$95,731	
	TOTAL		$241,138
Seven Counties	Case Management	$56,650	
	Housing Options	$349,189	
	Crisis Stabilization	$71,995	
	Deaf and Hard of Hearing	$14,157	
	Sub-Total SMI	$491,991	
	MH Outpatient Treatment	$201,876	
	Service Coordination & Wraparound	$84,082	
	Crisis Stabilization	$30,000	
	Deaf and Hard of Hearing	$14,156	
	Sub-Total SED	$330,114	
	TOTAL		$822,105
North Key	Recovery Network of Northern KY	$60,000	
	Outpatient Treatment	$48,396	
	Case Management	$7,500	
	Housing Support Services	$71,320	
	Consumer Operated Social Support	$8,380	
	Housing Developer	$55,000	
	MHA Stigma Fighters	$24,500	
	Consumer Training and Initiatives	$5,000	
	Sub-Total SMI	$280,096	
	Family Involvement & Support	$3,500	
	MH Outpatient Treatment	$70,952	
	Sub-Total SED	$74,452	
	TOTAL		$354,548
Comprehend	Therapeutic Rehabilitation	$34,688	

	Sub-Total SMI	$34,688	
	MH Outpatient Treatment	$52,453	
	Sub-Total SED	$52,453	
	TOTAL		$87,141
Pathways	Case Management & Outreach	$124,077	
	Therapeutic Rehabilitation	$103,893	
	Sub-Total SMI	$227,970	
	Family Involvement & Support	$20,000	
	MH Outpatient Treatment	$68,257	
	Mobile Crisis	$75,000	
	Crisis Stabilization	$109,477	
	Sub-Total SED	$272,734	
	TOTAL		$500,704
Mountain	Targeted Case Management	$177,278	
	Sub-Total SMI	$177,278	
	MH Outpatient Treatment	$67,458	
	Sub-Total SED	$67,458	
	TOTAL		$244,736
Kentucky River	Therapeutic Rehabilitation	$77,709	
	Sub-Total SMI	$77,709	
	Family Involvement & Support	$28,061	
	Sub-Total SED	$28,061	
	TOTAL		$105,770
Cumberland River	Consumer and Family Support	$2,945	
	Crisis/Emergency Services	$1,949	
	Mental Health Treatment	$65,680	
	Case Management & Outreach	$48,316	
	Rehabilitation Services	$81,806	
	Housing Options	$6,475	
	Residential Support	$37,039	
	Sub-Total SMI	$244,210	
	Family Involvement & Support	$18,635	
	MH Outpatient Treatment	$46,586	
	MH Intensive Treatment	$18,635	
	Service Coordination & Wraparound	$4,658	
	Systems Integration	$4,659	
	Sub-Total SED	$93,173	
	TOTAL		$337,383
Adanta	Consumer and Family Support	$35,000	

	Case Management & Outreach	$86,210	
	Sub-Total SMI	$121,210	
	MH Outpatient Treatment	$67,612	
	Sub-Total SED	$67,612	$188,822
	TOTAL		
Bluegrass	Case Management & Outreach	$30,000	
	Housing Options	$54,250	
	Sub-Total SMI	$84,250	
	MH Outpatient Treatment	$64,067	
	MH Intensive Treatment	$43,500	
	Service Coordination & Wraparound	$21,934	
	Planning & Training	$10,000	
	RIAC Support Grant	$90,091	
	Sub-Total SED	$229,592	
	TOTAL		$313,842
	Total Regional Boards		**$4,212,393**
	Statewide Projects		
LifeSkills	Statewide Case Management Training - SMI	$11,772	
	Children's Training Initiatives - SED	$312	
	MH Training and TA, USPRA - SMI	$2,835	
	Recovery Initiative - SMI	$13,307	
	Consumer Initiative - SMI	$9,811	
	Peer Support - SMI	$20,000	
Seven Counties	Consumer Services - SMI	$23,737	
	Leadership Academy - SMI	$20,000	
	Mental Health and Aging - SMI	$18,434	
Bluegrass	Parent Advocate Mini-Grants - SED	$18,748	
	Opportunities for Family Leadership - SED	$24,777	
	Suicide Prevention - SMI/SED	$13,951	
	Statewide Consumer Conference - SMI	$11,000	
	CIT Training - SMI	$44,011	
	Statewide Deaf & Hard of Hearing SMI/SED	$46,534	
	Sub-total Statewide Projects SMI		**$174,907**
	Sub-total Statewide Projects SED		**$43,837**
	Sub-total Statewide Projects SMI/SED		**$60,485**
	Total Statewide Projects		**$279,229**

OTHER

Kentucky Housing Authority - SMI	$13,066	
Department of Corrections - SMI	$50,000	
Planning Council – SMI/SED	$11,753	
UK RDMC -SMI/SED	$21,747	
State Level Travel - SMI/SED	$8,676	
UK Center for Drug & Alcohol Research (CDAR) - SED	$108,204	
Eastern Kentucky University (Salaries & Travel) - SMI/SED	$67,151	
Vocational Rehabilitation - Supported Employment SMI	$75,000	
Kentucky Partnership for Families & Children (KPFC) - SED	$112,705	
National Alliance for Mentally Ill (NAMI KY) - SMI	$86,000	
KY Can (Consumer) - SMI	$181,573	
Sub-total other SMI		**$405,639**
Sub-total other SED		**$220,909**
Sub-total other SMI/SED		**$109,327**
Total Other		**$735,875**
Total SMI		**$3,174,929**
Total SED		**$1,882,756**
Total SMI/SED		**$169,812**
GRAND TOTAL		**$5,227,497**

SFY 2009 Adult MH BLOCK GRANT FUNDING BY REGION & SPENDING CATEGORY *(These are the same funds as reported above under* REGIONAL BOARDS (for SERVICES) *but formatted differently for quick reference)*

REGION	CON/FAM SUPPORT	OUTPT. MH TREATMT	CASE MGMT SICM OUTREACH SP	CRISIS SERVCIES	TRP /REHAB SERV	SUPPORTED HOUSING	RESID SUPP	HOU DEV	DHH	DIVERTS	TOTAL
1		103137	29090								132227
2	5000	48818	48818	16500	29323	30000					178459
3	29200		30430		135935						195565
4	11165	86084	3332			80025				22717	203323
5			100000		20407	25000					145407
6			56650	71995		349189			14157		491991
7	97880	48396	7500			71320		55000			280096
8					34688						34688
9/10			124077		103893						227970
11			177278								177278
12					77709						77709
13	2945	65680	48316	1949	81806	6475	37039				244210
14	35000		86210								121210
15			30000			54250					84250
TOTAL	**181,190**	**352,115**	**708,369 3,332 30,000**	**90,444**	**483,761**	**616,259**	**37,039**	**55,000**	**14,157**	**22,717**	**2,594,383**

Narrative Description of Activities Funded by the Block Grant

Block Grant funds are utilized for a variety of **statewide and local consumer and family support initiatives.** These initiatives are focused on goals related to advocacy, research, stigma reduction, wellness and recovery programs, peer support, education and training, and operating support.

The **Leadership Academy** is a 2 ½ day educational program for persons with a mental illness who have a desire and interest in developing and improving their leadership and advocacy skills. Lessons are geared to address local and state concerns and provide students with practical and useful communication skills. The Leadership Academy consists of two training levels. Level One Training is the general skills training. Level Two training is a Train-the-Trainers format, where graduates are able to return to their regions and teach groups. Graduates of the leadership academy are able:

- To identify and assess community issues and needs,
- To create, develop and participate in group action plans,
- To organize local advocacy groups into a respected and effective voice on mental health issues, and
- To participate on boards, councils and commissions.

As an example, Leadership Academy graduates attend and participate on Eastern State Hospital's Recovery Mall Leadership Council. This not only benefits the residents at Eastern State Hospital who are working on their own recovery, it also benefits the Leadership Academy graduates by allowing them to utilize their skills.

During SFY 2009, approximately 87 consumers received the Level I Leadership Academy Training.

The **Leadership Academy Newsletter—LEAPS (Leadership, Empowerment and Peer Support)** is a statewide consumer initiated newsletter that promotes communication within the Community Mental Health Centers and offers information to consumers, family members and providers on various recovery oriented projects and information.

Kentucky Peer Specialist Training is a five day intensive training program for persons with a mental illness who have a desire to learn more about the recovery process and learn how to help others move forward in their own recovery process. During SFY 2009, three trainings were held in various locations in the state. Approximately 40 consumers attended these trainings and successfully completed the examination in order to be Kentucky Peer Specialists.

The **Consumer Advocacy Committee, (CAC)** is a consumer and family member education and involvement function that the Department has supported

for approximately sixteen years. This Committee promotes discussion of upcoming and pending legislation of interest to participants and provides an opportunity for participants who are involved in the regional community mental health centers to report on initiatives in their regions and to learn about other regional programs. Members have the opportunity to improve their leadership skills by participating in the meeting process. It also provides a direct communication link to consumers, family members and providers who are interested in the planning process for mental health services through the Department. Finally, it brings together grass roots organizations with similar missions to reduce duplication of effort.

The Department currently contracts, using Block Grant funding, with Kentucky Consumer Advocate Network (KYCAN) as our **statewide consumer organization** and the National Alliance for Mental Illness-Kentucky (NAMI-KY) as our **statewide family organization**. These contracts support several initiatives including:

- Statewide affiliate organizations for families and consumers;
- Consumer training in Mary Ellen Copeland's Wellness, Recovery, Action Plan (WRAP) program;
- Consumer training in Mental Health Advanced Directives;
- Peer Reviews of community mental health centers;
- Consumer self-advocacy and recovery training;
- Family to Family Support groups; and
- Two statewide consumer conferences.

Block Grant funding also supports other consumer involvement activities, including reimbursement for consumer and family members to attend state and regional meetings, conferences, and other gatherings.

The Block Grant helps to fund training for law enforcement officers in mental health issues and diversion. **Crisis Intervention Team (CIT) Training** is a 40 hour training that occurs statewide in Kentucky. 181 officers were trained in SFY 2009 and the goal is to train 180 additional officers in SFY 2010. In addition, 8 instructors completed an 8 hour CIT Train the Trainer's course, and a 2 hour overview of CIT was provided to 180 lieutenants, captains and majors from law enforcement agencies from across the state.

KDMHDDAS has an interagency agreement with the **Office of Vocational Rehabilitation** that uses CMHS Block Grant funds to leverage **supported employment** services for adults with severe mental illness.

Block Grant Funds are used to support mental health services to persons who are **Deaf and Hard of Hearing.** During SFY 2009, Deaf and Hard of Hearing Services (DHHS) staff focused on increasing capacity to provide linguistically and culturally affirmative care, decreasing stigma around mental illness and seeking

services, strengthening collaborative relationships, and best utilizing funds to reach the highest number of consumers. To **increase capacity**, the following progress was made:

- Clinicians from across the state participated in Quarterly Providers' symposia designed to orient new providers to Deaf culture, review Best Practices in serving the population, and increase the network of able clinicians statewide.
- Over 60 training events were held reaching over 885 attendees. Topics ranged from introductory "Deafness 101" and "102" modules to specialized training for groups such as the Student Life staff at Kentucky School for the Deaf, Hearing Loss Association of America, and Supports for Community Living providers.
- The quality of mental health interpreting was increased through ongoing Peer Supervision groups in Northern Kentucky, Louisville and Lexington. Videoconferencing technology may be used to take the training to Western and Eastern Kentucky.
- Seven Counties Services and Pathways each hosted interns interested in providing mental health services in the future. Pending passing the NCE, one will be hired by Seven Counties to increase their DHHS team to two.
- A relationship with the UK Telehealth team was established and will be explored for potential, especially when the regulations for billing clinicians change.

Decreasing stigma and increasing collaboration is an essential goal since the Deaf community has traditionally been underserved. These activities focused on increasing trust and decreasing stigma:

- Groups originally formed for the Needs Assessment in SFY 2008 chose to continue their work and formed a statewide network now known as KY CARE: Connecting Advocates for the Recovery and Empowerment of Deaf and Hard of Hearing Individuals and Communities. Groups meet quarterly and pursue goals based on regional need.
- KY CARE of Northern Kentucky reached over 250 people through a booth at the Cincinnati Deaf Health Fair and two workshops they provided. This group also participated in a cable show "Guide to Feeling Better" to discuss the needs of consumers with hearing loss.
- KY CARE of Owensboro mobilized to present multiple trainings on Deaf culture and mental health issues to providers in the area.
- KY CARE of Corbin collaborated with the Kentucky Association for the Deaf and the Office of Vocational Rehabilitation to present "Taking Care of Yourself in Tough Economic Times." This will be repeated in Bowling Green and Louisville.
- Staff collaborated with the Kentucky Commission on the Deaf and Hard of Hearing to put on a one-day event celebrating storytelling, Deaf culture and recovery. "Hands on DeaFestival" included consumers, providers, family members and interpreters. A DVD is in production documenting the

event and will be available to demonstrate culturally and linguistically affirmative interventions as well as tell the stories of two Deaf individuals in recovery.
- Presenting workshops to several Deaf and Hard of Hearing groups regarding mental health issues.

Staff also concentrated on **best utilizing funds** by:
- Reallocating unused direct service funds from one CMHC to bluegrass to create a Child Specialist position. This clinician also serves Kentucky School for the Deaf children.
- Evaluating the statewide TTY Crisis Line for efficacy. During SFY 2010, funds will be reallocated to training for Emergency Services providers and Access centers.
- Pulling back funds unused by another CMHC and launching twelve one-year "Mini Grants" projects throughout the state to maximize impact with minimal staff.

Adult Statewide Targeted Case Management Training is provided with Block Grant funding. Kentucky embraces a strengths based model advocated by the University of Kansas (Dr. Charles Rapp) blended with the psychiatric rehabilitation model endorsed by Boston University (Dr. William A. Anthony). Kentucky's Case Managers have caseloads of 25-30 individuals, with a maximum of 35. During SFY 2008, an Advisory Committee was formed and the case management certification training curriculum was updated and placed in an online format. Face-to-face case management certification training requirements were decreased from 2 ½ days to 1 day. Newly hired case managers are now able to begin certification training immediately upon hire, by utilizing the information module online. The certification exam was also placed in an online format. During SFY 2009, two, two-day Level II case management trainings were held regionally, (one in Eastern Kentucky and one in Southern Kentucky). These trainings consisted of one day of motivational interviewing skill training and one day of dialectical behavior therapy for case managers. Plans for SFY 2010 include at least two more Level II trainings in other areas of the state.

Block Grants funds are used for the **Supportive Housing Specialist** statewide position, which is jointly funded by the Kentucky Housing Corporation. This person works to further integrate the housing needs of persons with mental illness into the state housing finance agency's programs. Technical assistance and consultation in developing housing projects is provided to local nonprofits by the Specialist.

Suicide prevention is a critical consideration for Kentucky's system of care. While suicidality is often recognized among vulnerable youth, research consistently indicates youth are not the most vulnerable population. In Kentucky suicide is the 4th leading cause of death for 35 to 54 years of age. The Kentucky

Suicide Prevention Group (KSPG) has emerged as the collaborative group to develop a state prevention plan that guides the state's response to suicide within the Commonwealth. Mental Health Block Grant funds are used to assist with providing statewide prevention training. As a result of Block Grant funds in addition to other funding sources, an infrastructure of 240 trained gatekeepers conduct QPR (Question, Persuade and Refer) awareness trainings throughout the state, nine local coalitions have been established, school-based prevention programs have been introduced to multiple school districts, 800 clinical trainings have been conducted and statewide media campaigns involving the production of a Kentucky specific video chronicling the impact of suicide on Kentucky citizens have raised the level of awareness throughout the Commonwealth.

The DBHDID has partnered with the **Kentucky Department of Corrections** to provide a reintegration specialist with Block Grant funding. The specialist works with state prisoners with serious mental illness who are getting ready to serve-out. Individual needs are assessed and resources gathered in order to allow an effective re-entry into the community. This program has been very successful, but is limited in the number of people that can be served.

Kentucky is committed to addressing expanded access to mental health treatment for **older adults with serious mental illness**. In 1999, Kentucky received a SAMHSA grant that eventually led to the development of a state level Mental Health and Aging Coalition. The state level coalition consists of representatives from DBHDID, Department for Aging and Independent Living (DAIL), Area Agencies on Aging, Office of Vocational Rehabilitation, University of Kentucky, Sanders Brown Center on Aging, Regional MHMR Board staff, consumers, and other interested stakeholders.

During SFY 2009 there were ten Mental Health and Aging Coalitions active in Kentucky. Mental Health Block Grant funds were used to support the following activities through these coalitions:

- Regional training/conferences for professionals and caregivers;
- Public education and awareness activities;
- Traveling exhibit boards;
- Needs assessment including local focus groups;
- Development and distribution of resource manuals;
- Health fairs and depression screenings; and
- Mental Health training for volunteers.

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Child - Report Summary of Areas which the State Identified in the FY 2009 Approved Plan as Needing Improvement

The following were identified as areas of focused attention for SFY 2009 regarding children with severe emotional disturbances (SED), and their families. Under each focus area, information about the past year activities is briefly described.

1. **Continue to promote consumer and family involvement at every level of the children's system of care**

   During SFY 2009, Kentucky continued to promote youth and family involvement at every level of the children's system of care in the following ways:

- Since receiving funding in July 2007, the statewide family advocacy organization, Kentucky Partnership for Families and Children (KPFC) has led efforts to conduct a family support study. The purpose of this study is to develop infrastructure and to evaluate the effectiveness of that infrastructure in building a statewide "family-driven and youth-guided" System of Care (SOC). This study has three prongs: Leadership Academy, Family Peer Support Training, and preparing community partners for a "family-driven and youth-guided" System of Care (SOC). Two Leadership Academies were held in SFY 2008 and again in 2009. The feedback received has been very positive, even from very experienced Family Liaisons from different regions of the state. The goals of the Leadership Academy are to:

  - ☆ Strengthen the parent's and youth's current leadership skills,
  - ☆ Assist parents and youth in becoming more comfortable sharing their story in an appropriate manner,
  - ☆ Increase the parent's and youth's ability to become leaders in their communities, and
  - ☆ Build understanding with the parents and youth of what a "family-driven" and "youth-guided" System of Care looks like and what their role is in creating it in their communities.

- The second part of creating a family-driven and youth-guided System of Care (SOC) is working to bring sustainability and legitimacy to the Family Peer Support Specialist position (currently Family Liaisons). KPFC began work on the core content of the curricula for the Family Peer Support Specialist which includes training on ethical behaviors, confidentiality, data-driven and outcome based decision-making, and building a network of family and youth leaders in the community and within the SOC. A pilot training was held for all current family liaisons from April 20 – 24, 2009. KPFC is also working with the Department to create a regulation that would move Family Peer Support Specialist to being Medicaid billable for providing peer support services. KPFC's goal is to have Family Peer Support Specialists be Medicaid billable through the Regional Boards by Spring 2010. KPFC would provide the initial training and ongoing coaching for the Family Peer Support Specialist to ensure the highest level of peer support services and to help collect outcome information.

- KPFC has developed curricula and in SFY 2009 hosted a train-the-trainers workshop for youth and parent graduates of the Leadership Academy. They were trained on presenting "Building a Family-Driven and Youth-Guided SOC" and KPFC were provided support to set up informational meetings with system of care partners in their own communities. KPFC will continue to provide coaching for these parent/youth leaders as they move forward.
- There are seven regions with Regional Youth Councils operating and plans for additional ones are in process. The Regional Youth Council Coordinators (generally staff within the IMPACT Program) meet semi annually with KPFC to share and learn new information. The Statewide Youth Council continues to work towards establishing a statewide youth network by supporting the Regional Youth Councils and connecting them with the Statewide Youth Council activities and plans. KPFC is also supporting up to 2 Youth Co-Facilitators of Regional Youth Councils and providing a $25 stipend for each Co-Facilitator (each Co-Facilitator is required to have completed the Family Leadership Academy Training offered by KPFC).

2. Continue to enhance the training curriculum used with Family Liaisons, youth and family advocates, and young consumers (e.g., Orientation Training, Leadership Academy, Family Peer Support Specialist Training, etc.)

In 2009, the first Leadership Academy for parents, caregivers and youth was conducted. The Department has partnered with the statewide family advocacy organization, KPFC, to provide weekend- long sessions for emerging parent and transitional-age youth (16-25) leaders. The goals of the Leadership Academy are to: strengthen the parent's and youth's current leadership skills; help the parents and youth to become more comfortable sharing their story in an appropriate manner; increase the parent's and youth's ability to become leaders in their communities, and: build understanding with the parents and youth of what a "family-driven" and "youth-guided" system of care looks like and what their role is in creating it in their communities.

In an effort to move toward peer support as a billable service, a workgroup was convened in SFY 2008 to look at the information available within the state and across the nation regarding peer services and training/coaching curricula that would be best suited to the needs of Kentucky. It was the consensus that the **Family Peer Support Specialist** will be trained to:

- Guide clients toward the identification and achievement of specific goals defined by the client and specified in the Individual Treatment Plan;
- Assist the client in developing a Wraparound plan;
- Serve as an active member of the client's treatment team;
- Advocate for services requested by the client;
- Cultivate the client's ability to make informed, independent choices, to set goals, and assist the client in gaining information and support from the community;
- Plan activities with the client that lead to improved self-concepts through empowerment and self-determination opportunities;
- Teach and model the importance of medication monitoring, effective communication with doctors and other caregivers;

- Provide support and encouragement to both the client and other family members; and
- Offer hope of recovery from mental illness and/or substance use by sharing their own recovery stories and by teaching clients how to tell their own recovery stories effectively.

The Family Peer Support Specialist core curriculum will be delivered over 45 hours of training. Ongoing coaching and support will also be provided.

3. Further develop protocol for addressing the needs of youth with co-occurring mental health and substance abuse disorders

During SFY 2009, Kentucky continued to make progress towards more effectively indentifying youth with substance use concerns and towards addressing the needs of youth with co-occurring disorders. This was possible in large part due to staff hired through an adolescent substance abuse (C-SAT) grant, entitled Kentucky Youth First (KYF) which ended in June 2009. Progress has been realized in the following ways:

- Training and coaching for staff of the Regional Boards, as well as those of other agencies, to address the needs of youth with co-occurring mental health and substance use disorders. Trainings included Seven Challenges, Motivational Interviewing, Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users (MET-CYT), and various versions of the Global Appraisal of Individual Needs (GAIN) assessment system;
- Continued statewide roll out of the Reclaiming Futures (RF) model in SFY 2009 and it will continue in the coming years. KYF staff provided technical assistance and coaching to the four new sites which plan to submit a proposal to the RF national program office to become an official Reclaiming Futures site.
- Convened meetings of key leadership from the Regional Boards (Chief Executive Officers, Chief Financial Officers, Directors of Substance Abuse Services, and the Directors of Child and Adolescent Services) to discuss avenues of reimbursement for co-occurring treatment for adolescents. Topics included the barriers, concerns and successes in the use of EPSDT funds. Key goals and objectives were outlined and measurable next steps developed by the participants and Department staff;
- Continue the implementation of evidence based and best practices for adolescent substance abuse and co-occurring treatment. KYF has been very successful in delivering training for trainers, coaching and technical assistance across youth serving agencies. An Implementation Planning Tool has been developed and is being piloted with technical assistance from Dean Fixsen. This tool allows decision makers to be more “mindful” and “planful” when implementing new training and new programming. It is intended that the final version of the implementation planning tool will be made available for use by state and local agencies and other grantee sites.

4. Finalize the standard operating procedures manual for the State Interagency Council (SIAC) and distribute to all stakeholders

A draft of the SIAC manual has been completed and will be finalized for distribution during SFY 2010. The manual may be used to guide the work of the SIAC as well as provide guidelines for the Regional and Local Interagency Councils that established statewide.

5. Utilize Olmstead Coalition funds to support on-going efforts to serve children and youth in the community rather than in institutions

During SFY 2009, Kentucky continued to promote community based services as an alternative to out of home placement for children with severe emotional disabilities. Efforts to strengthen and support the community based system of care in spite of budget deficits and reliance on traditional services due to their funding streams remain ongoing. Educating providers, families, and state agency partners about Olmstead and what the decision means for children and families in Kentucky. Olmstead information was shared at several conferences and meetings throughout the year. Olmstead Coalition grant funds were used to further share information, through training, technical assistance and materials about system of care values and principles, ADA and school law, wraparound with fidelity, trauma informed care, services and supports for youth with SED who are transitioning to adulthood, and motivational interviewing techniques. A small amount of Olmstead funding was set aside for "mini grants" that were provided to support local training initiatives and youth peer group meetings.

6. Partner with Regional Boards to promote best practices and share information among stakeholders and integrate best practices as a standard for service delivery into all Division supported training events

Department staff attends the Peer Group meetings of program directors from the Regional Boards. These include the program directors from Children's Services, Therapeutic Foster Care, Children's Crisis Stabilization, Early Childhood Mental Health, IMPACT (targeted case management/wraparound) and Substance Abuse. Information is exchanged to keep the dialogue open around the goals, activities, challenges, and barriers to moving the Children's system of care forward. The following are specific initiatives to promote best practices that have been advanced during SFY 2009:

- In partnership with Kentucky Youth First (funded as an adolescent substance abuse grant), staff developed and piloted an implementation and sustainability planning process which ensures that consideration is given to the core implementation components delineated by Fixsen and his colleagues (2005) for any best practice, program, and/or initiative being considered for implementation. This facilitated planning process has been utilized by over 15 cross-agency planning groups and includes a primer to help individuals better understand the importance of planning for implementation and sustainability as well as the core implementation components to be considered.
- The Department secured Transformation Transfer Initiative (TTI) funds from NASMHPD to improve the statewide infrastructure to support implementation of high fidelity wraparound. Using the planning process described above, an

implementation and sustainability plan was created which includes the development of a training curriculum for wraparound facilitators, creation of wraparound coaching and supervision structures, design of a wraparound fidelity monitoring system, and promotion of internal and external systems facilitators to enhance wraparound fidelity. Implementation of these new processes was piloted in two regions of the state in August and September of 2009.

- In partnership with the Department of Public Health, training and coaching opportunities were offered to Regional Board staff in various early childhood mental health evidence based and best practices, including Parent-Child Interaction Therapy, Parent-Infant Dyad Therapy, Cognitive Behavior Therapy to address perinatal depression, Incredible Years, and Early Childhood Mental Health Consultation.

7. Partner with the Kentucky Center for Instructional Discipline to provide statewide training and technical assistance to staffs of the Regional Boards and local education authorities in implementing components of the three-tiered, strengths-based model - Positive Behavioral Interventions and Supports (PBIS), to address mental health needs of children in school settings

The Kentucky Center for Instructional Discipline (KYCID) serves as a partner on the State Wraparound Implementation Fidelity Team which has created an implementation and sustainability plan to enhance the degree to which the wraparound process is provided with fidelity in Kentucky. Part of this plan included the development of core curricula for wraparound facilitation training and wraparound coaching. The curriculum has been developed and piloted and KYCID will continue to be involved with the SWIFT and utilize the information in their work with schools across the Commonwealth. KYCID regularly attends and often presents information to the State Interagency Council (SIAC) regarding implementation of PBIS in schools across the state. Two Department staff serve on the KYCID Advisory Board.

8. Promote an array of services to meet the unique needs of transition age youth with mental health and substance abuse disorders

Addressing the unique needs of youth with SED/SMI who are aged 16-25 years continues to challenge service providers, funding entities as well as the families themselves. Primarily still in a studying and planning phase, Kentucky hopes to move forward in developing a more robust system of care for these youth. During SFY 2009, Department staff attended and participated in:

- Quarterly meetings of the Kentucky Interagency Transition Council for Persons with Disabilities (KITC). This council is convened by the Kentucky Department for Education and is comprised of over 20 members from stakeholder entities to address the needs of transitioning youth with disabilities of all types;
- Quarterly meetings of the KITC's Core Team that provides oversight to the eleven established Regional Interagency Transition Teams (RITTs) across the Commonwealth. The RITTs are charged with promoting and developing transition services in local communities;

- Quarterly meetings of the Kentucky Post School Outcomes (KYPSO) Advisory Group, also convened by Education;
- Quarterly meetings of the Youth Aging Out of Foster Care Committee, chaired by Protection and Advocacy;
- Regularly scheduled meetings of The Kentucky Partners for Youth Transition, a collaborative group of youth and community partners focusing on youth, with mental health and substance abuse disorders, who are transitioning to adulthood. Since they began meeting in January 2008, they have gained consensus on the identified gaps and needed services, studied best practice models for transition age youth with mental health and substance use issues, and have created a statewide framework based on the system of care/wraparound values and principles (the Transition to Independence Process System) that will be utilized across agencies serving youth with mental health and substance use issues.

9. Continue the collaborative work with the Kentucky Suicide Prevention Group, Regional Boards, and other state agencies to promote suicide prevention efforts in Kentucky

Building on the fundamental premise that suicide prevention is everybody's business and utilizing a public health model, the Department has assisted the Kentucky Suicide Prevention Group (KSPG) to build a network of collaborative partners in order to extend the reaches of suicide awareness, prevention, intervention and postvention throughout the state. As part of a comprehensive state suicide prevention plan, the Department continues to make available a variety of clinical training opportunities ranging from 90-minute to full-day workshops on a variety of suicide prevention related topics. Every community mental health center across the state has staff trained in QPR (Question, Ask and Persuade) and all report being involved in education and awareness activities throughout the year. A strong marketing plan has been established and its implementation continues. In 2009 they released the 28-minute video entitled, "Let's Talk: Kentuckians Affected by Suicide End the Silence." This video reminds viewers that two of the ways to prevent suicide is to talk about it and to learn as much as possible about preventing it. Toolkits have been created for distribution to communities, businesses and schools to promote awareness and prevention, as well as intervention and postvention skills and readiness in the event of a suicide attempt or completion. One focus area is on increasing knowledge and enhancing skills among school administrators, clinicians, hospital emergency room staff and other community partners. Due to the high number of youth suicides of a contagion nature and because suicide is the second leading cause of death among Kentucky teenagers, a second video has been created specifically for adolescents, their parents, and school personnel. Continuing efforts are focused on implementing best practices in schools to detect warning signs and promote protective factors among staff and students. The Department and the KPSG are also partnering with the federal government to address mental health concerns and suicide prevention among military personnel and their families.

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Child - Most Significant Events that Impacted the State Mental Health System in the Previous FY

During SFY 2009, the following events were noted as impacting the state mental health authority, the Regional Boards and the individuals served by the public mental health system.

- During SFY 2009, the Department has had several interim Commissioners and an interim Deputy Commissioner. The Cabinet for Health and Family Services reorganized their structure following the election of a new governor in SFY 2008, and there has been a complete turnover in executive staff. In addition, most Cabinets and Departments in the state had major leadership turnover and many lost key leadership due to large numbers of retirees in SFY 2008 and 2009. The majority of the Regional Boards are in the same retirement system and comparable loss occurred at the regional level. Due to state budget concerns, a significant number of positions within state government will not be filled once retirees leave. This has slowed progress toward goals and requires a lot of reeducating and relationship building.

- State revenues have substantially declined and the Department was forced to pass onto the Regional Boards a 3% cut in funding for SFY 2009 which will also be felt in SFY 2010. This, in addition to flat funding for many years and increased costs for employee healthcare and retirement benefits forced the Boards to cut services. Several closed clinics in rural areas and consolidated offices and staff positions. It is anticipated that state revenue will continue to decline as the current forecast appears quite bleak.

- HB 406 enacted by the 2008 Kentucky General Assembly directed the Secretary of the Cabinet for Health and Family Services to solicit a bid from one of the Regional Boards for the operation of a replacement facility for Eastern State Hospital, one of the contracted state psychiatric facilities. This is the oldest state hospital in Kentucky and among the oldest in the nation. In July 2008, the Department hosted four forums within this hospital catchment area designed to gather feedback from the community, including mental health consumers, regarding a new facility. Department leadership attended each of these forums and the community feedback was overwhelmingly supportive of a new facility. During SFY 2009, a site was chosen and a design team was hired. The groundbreaking is set to begin in the spring of 2010 with a 2012 completion date. This hospital will serve adults only.

- Kentucky was one of eighteen states to receive funding in the most recent System of Care funding cycle. The Department will enter into a $9 million, six-year cooperative agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance services and supports for young children with mental health needs through the Kentucky System to Enhance Early Development (KY SEED).

The agreement will support the state's nationally recognized work in developing systems of care for children with mental health and substance abuse issues and their families by focusing on the under six *(years old)* population.

- The Kentucky Commission for Children with Special Health Care Needs (CCSHCN) has received a $95,700 grant from the U.S. Department of Health and Human Services Health Resources and Services Administration to establish Family-to-Family Health Information Centers in 12 of its local clinics. This is a one-year grant, which could be extended for two more years. The health information centers will be managed by two parents of children with special needs who have expertise in navigating both public and private health care systems.

- The State Interagency Council for Services to Children with an Emotional Disability (SIAC), under its legislative mandate, developed recommendations regarding the role of SIAC and RIACs in serving youth with co-occurring mental health and substance use disorders.

- The Children's Mental Health and Adolescent Substance Abuse staff within the Division has created a position paper and a Children's Program Guide to be shared with stakeholders and policymakers to ensure that the priorities and plans for the children's system of care in Kentucky are known and carried out as Medicaid reform and mental health transformation takes place.

- In November 2008, Governor Beshear launched a multi-year plan to increase outreach efforts to find, enroll and keep eligible children in the program. It also increases education to enrolled families about what benefits are available to them through KCHIP. While parents must still verify their income to prove eligibility, changes have been made to remove barriers requiring families to have a face-to-face interview with a caseworker before their children could enroll. The KCHIP program is a federal matching program. If *The Beshear Plan* meets its projected goals, the program will cost $6 million dollars the first year (2009) and $25 million in the next year (2010). However, the federal match to our dollars will pull in more than $81 million dollars for the Commonwealth.

- In March 2009, the Kentucky Department for Medicaid Services announced a new Health Information Web site. This Web site provides information on disease management, preventative measures, immunizations and screenings. While it currently contains very little about mental health or children's health issues, it could prove a useful tool to improve the healthcare delivery system in the Commonwealth.

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Child - Purpose State FY BG Expended - Recipients - Activities Description

Narrative Question: Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

The majority of Kentucky's Mental Health Block Grant funds (82.5%) in 2009 were allocated to the fourteen Regional Boards. The remainder of funding was allocated for various projects to further develop systems of care for adults with SMI and children with SED. The information below outlines expenditures as reported by the Boards and other funded entities. In addition, the funds expended by the Boards are displayed by category of service for children with SED.

Mental Health Block Grant Expenditures for SFY 09 by Region Boards

Regional Board	Service/Project	Amount	Totals
Four Rivers	Mental Health Treatment	$103,137	
	Case Management & Outreach	$29,090	
	Sub-Total SMI	$132,227	
	MH Intensive Treatment	$65,630	
	Sub-Total SED	$65,630	
	TOTAL		$197,857
Pennyroyal	Consumer & Family Support	$5,000	
	Crisis Services	$16,500	
	Mental Health Treatment	$48,818	
	Case Management & Outreach	$48,818	
	Housing Options	$30,000	
	Rehabilitation Services	$29,323	
	Sub-Total SMI	$178,459	
	Family Involvement & Support	$7,000	
	MH Outpatient Treatment	$22,658	
	MH Intensive Treatment	$22,658	
	Service Coordination & Wraparound	$22,657	
	Sub-Total SED	$74,973	
	TOTAL		$253,432
River Valley	Consumer & Family Support	$29,200	
	Case Management & Outreach	$30,430	
	Rehabilitation Services	$135,935	
	Sub-Total SMI	$195,565	
	MH Outpatient Treatment	$79,288	
	Sub-Total SED	$79,288	
	TOTAL		$274,853
Lifeskills	Outpatient Therapy	$86,084	
	Intensive Case Management	$3,332	
	Supported Housing	$80,025	
	Office of Consumer Advocacy	$11,165	
	Diverts	$22,717	

Lifeskills (con't)	**Sub-Total SMI**	$203,323	
	MH Outpatient Treatment	$86,739	
	Sub-Total SED	$86,739	
	TOTAL		$290,062
Communicare	Case Management & Outreach	$100,000	
	Rehabilitation Services	$20,407	
	Housing Options	$25,000	
	Sub-Total SMI	$145,407	
	MH Outpatient Treatment	$95,731	
	Sub-Total SED	$95,731	
	TOTAL		$241,138
Seven Counties	Case Management	$56,650	
	Housing Options	$349,189	
	Crisis Stabilization	$71,995	
	Deaf and Hard of Hearing	$14,157	
	Sub-Total SMI	$491,991	
	MH Outpatient Treatment	$201,876	
	Service Coordination & Wraparound	$84,082	
	Crisis Stabilization	$30,000	
	Deaf and Hard of Hearing	$14,156	
	Sub-Total SED	$330,114	
	TOTAL		$822,105
North Key	Recovery Network of Northern KY	$60,000	
	Outpatient Treatment	$48,396	
	Case Management	$7,500	
	Housing Support Services	$71,320	
	Consumer Operated Social Support	$8,380	
	Housing Developer	$55,000	
	MHA Stigma Fighters	$24,500	
	Consumer Training and Initiatives	$5,000	
	Sub-Total SMI	$280,096	
	Family Involvement & Support	$3,500	
	MH Outpatient Treatment	$70,952	
	Sub-Total SED	$74,452	
	TOTAL		$354,548
Comprehend	Therapeutic Rehabilitation	$34,688	
	Sub-Total SMI	$34,688	
	MH Outpatient Treatment	$52,453	
	Sub-Total SED	$52,453	
	TOTAL		$87,141

Pathways	Case Management & Outreach	$124,077	
	Therapeutic Rehabilitation	$103,893	
	Sub-Total SMI	$227,970	
	Family Involvement & Support	$20,000	
	MH Outpatient Treatment	$68,257	
	Mobile Crisis	$75,000	
	Crisis Stabilization	$109,477	
	Sub-Total SED	$272,734	
	TOTAL		$500,704
Mountain	Targeted Case Management	$177,278	
	Sub-Total SMI	$177,278	
	MH Outpatient Treatment	$67,458	
	Sub-Total SED	$67,458	
	TOTAL		$244,736
Kentucky River	Therapeutic Rehabilitation	$77,709	
	Sub-Total SMI	$77,709	
	Family Involvement & Support	$28,061	
	Sub-Total SED	$28,061	
	TOTAL		$105,770
Cumberland River	Consumer and Family Support	$2,945	
	Crisis/Emergency Services	$1,949	
	Mental Health Treatment	$65,680	
	Case Management & Outreach	$48,316	
	Rehabilitation Services	$81,806	
	Housing Options	$6,475	
	Residential Support	$37,039	
	Sub-Total SMI	$244,210	
	Family Involvement & Support	$18,635	
	MH Outpatient Treatment	$46,586	
	MH Intensive Treatment	$18,635	
	Service Coordination & Wraparound	$4,658	
	Systems Integration	$4,659	
	Sub-Total SED	$93,173	
	TOTAL		$337,383
Adanta	Consumer and Family Support	$35,000	
	Case Management & Outreach	$86,210	
	Sub-Total SMI	$121,210	
	Sub-Total SED	$67,612	$188,822
	TOTAL		
Bluegrass	Case Management & Outreach	$30,000	
	Housing Options	$54,250	

Bluegrass (con't)	**Sub-Total SMI**	$84,250	
	MH Outpatient Treatment	$64,067	
	MH Intensive Treatment	$43,500	
	Service Coordination & Wraparound	$21,934	
	Planning & Training	$10,000	
	RIAC Support Grant	$90,091	
	Sub-Total SED	$229,592	
	TOTAL		$313,842
	Total Regional Boards		**$4,212,393**
	Statewide Projects		
LifeSkills	Statewide Case Management Training - SMI	$11,772	
	Children's Training Initiatives - SED	$312	
	MH Training and TA, USPRA - SMI	$2,835	
	Recovery Initiative - SMI	$13,307	
	Consumer Initiative - SMI	$9,811	
	Peer Support - SMI	$20,000	
Seven Counties	Consumer Services - SMI	$23,737	
	Leadership Academy - SMI	$20,000	
	Mental Health and Aging - SMI	$18,434	
Bluegrass	Parent Advocate Mini-Grants - SED	$18,748	
	Opportunities for Family Leadership - SED	$24,777	
	Suicide Prevention - SMI/SED	$13,951	
	Statewide Consumer Conference - SMI	$11,000	
	CIT Training - SMI	$44,011	
	Statewide Deaf & Hard of Hearing SMI/SED	$46,534	
	Sub-total Statewide Projects SMI		**$174,907**
	Sub-total Statewide Projects SED		**$43,837**
	Sub-total Statewide Projects SMI/SED		**$60,485**
	Total Statewide Projects		**$279,229**
	OTHER		
	Kentucky Housing Authority - SMI	$13,066	
	Department of Corrections - SMI	$50,000	
	Planning Council – SMI/SED	$11,753	
	UK RDMC -SMI/SED	$21,747	
	State Level Travel - SMI/SED	$8,676	
	UK Center for Drug & Alcohol Research (CDAR) - SED	$108,204	
	Eastern Kentucky University (Salaries & Travel) - SMI/SED	$67,151	
	Vocational Rehabilitation - Supported Employment SMI	$75,000	
	Kentucky Partnership for Families & Children (KPFC) - SED	$112,705	
	National Alliance for Mentally Ill (NAMI KY) - SMI	$86,000	
	KY Can (Consumer) - SMI	$181,573	
	Sub-total other SMI		**$405,639**

Sub-total other SED	**$220,909**
Sub-total other SMI/SED	**$109,327**
Total Other	**$735,875**
Total SMI	**$3,174,929**
Total SED	**$1,882,756**
Total SMI/SED	**$169,812**
GRAND TOTAL	**$5,227,497**

To clarify the spending categories under "Regional Boards" in the table above, please note that the Department requests that the Regional Boards use common spending categories as they complete their "Spending Plan" and their "Financial Implementation Report" in accordance with the contracting process, utilizing the key below *(separate keys are used for Adults and Children's services).*

Consumer/Family Involvement & Support
- Paid Family Liaison(s)
- Family Involvement in Program Planning or Evaluation (travel, stipends)
- RIAC Parent Representative(s)
- Family Support Group(s)
- Youth Support Group(s)
- Family Networking and Training Opportunities

Mental Health Outpatient Treatment
- Child/Family Therapy
- Child Psychiatrist *(Board Certified in Child Psychiatry)*
- Off-Site Therapy Services *(home, school, community)*
- Early Childhood MH Services
- Co-occurring MH/SA Services
- Medication Management

Service Coordination and Wraparound
- Targeted Case Management
- Wraparound Services
- IMPACT IFBSS Funds
- Respite

Mental Health Intensive Treatment
- After School Programs
- Specialized Summer Programs
- Co- Occurring MH/SA Intensive Services
- Intensive Group Treatment
- Intensive Outpatient
- Intensive In-Home
- Therapeutic Rehabilitation
- Day Treatment
- Partial Hospitalization
- Therapeutic Foster Care

Systems Integration
Physical Health Interface
Educational/Vocational Interface
Child Welfare Interface
Legal Interface (Courts, Juvenile Justice)
Continuity of Care

Planning & Training
Other, Please specify

SFY 2009 CHILDREN'S MH BLOCK GRANT FUNDING BY REGION & SPENDING CATEGORY *(These are the same funds as reported above under* REGIONAL BOARDS (for SERVICES) *but formatted differently for quick reference)*

Region	Family and Youth Involvement and Support	MH Outpatient Treatment	MH Intensive Treatment	Service Coordination and Wraparound	Systems Integration	Planning and Training	Other	Total
1			65,630					**$65,630**
2	7,000	22,658	22,658	22,657				**$74,973**
3		79,288						**$79,288**
4		86,739						**$86,739**
5		95,731						**$95,731**
6		201,876		84,082			$44,156*	**$330,114**
7	3,500	70,952						**$74,452**
8		52,453						**$52,453**
9/10	20,000	68,257					184,477**	**$272,734**
11		67,458						**$67,458**
12	28,061							**$28,061**
13	18,635	46,586	18,635	4,658	4,659			**$93,173**
14		67,612						**$67,612**
15		64,067	43,500	21,934		10,000	90,091***	**$229,592**
Total	**$77,196**	**$923,677**	**$150,423**	**$133,331**	**$4,659**	**$10,000**	**$318,724**	**$1,618,010**

* Region 6: $30,000 for Crisis Stabilization and $14,156 for Deaf and Hard of Hearing Services
** Region 9/10: $75,000 for Mobile Crisis and $109,477 for Crisis Stabilization
*** Region 15: $90,091 for RIAC Support Grant

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	41.80	44	39.50	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To increase access to services for adults with SMI.

Target: Increase the percentage of adults with SMI who receive services from the Regional Boards to 39.5 in FY 2009.

Population: Adults with SMI

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Penetration Rate - Adults with SMI

Measure: Value: Percent Numerator: Number of adults with SMI served by the Regional Boards. Denominator: 2.6% of the total number of adults per Kentucky 2000 census.

Sources of Information: MIS (client and event data) for actual number served and Department staff sets targets based on the corresponding year's Plan and Budget applications from the Boards and knowledge of various factors that may impact the system.

Special Issues:

Significance: This is considered a valuable indicator for the population served and it is representative of the steady increase in demand for services on a system that has experienced little more than flat line funding for a number of years. It may also represent improvement in improved accuracy of the SMI markers in the MIS.

Activities and strategies/ changes/ innovative or exemplary model: The KDMHDDAS will carry out activities to increase the number of persons with SMI receiving services by: Maintaining a performance indicator in the SFY2009 contracts with the Regional MH/MR Boards, monitoring penetration rates statewide by region and developing action plans with regions who fall below the statewide penetration rate.These issues will be addressed at the quarterly Community Support Program Director meetings,and meetings of the Kentucky Association for Regional Programs(KARP).

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	16.86	16.26	13	15.58	83.44
Numerator	707	651	--	596	--
Denominator	4,194	4,003	--	3,825	--

Table Descriptors:

Goal: To ensure that adults with SMI are linked with appropriate services and supports upon discharge from state psychiatric hospitals.

Target: Decrease readmissions of adults with SMI, who had been discharged from the same facility within the subsequent 30 days, from 13.0% in SFY2009.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: State Hospital Readmission for Adults with SMI/30 days

Measure: Value: Percent Numerator: Number of admission episodes during the reporting period in which adults with SMI had been discharged from the same facility within 30 days preceding the admission. Denominator: Total number of admissions of adults with the SMI marker to the facility that occurred in the state fiscal year.

Sources of Information: Facility MIS is the source for actual number served by state hospitals. This is linked with CMHC client data. Department staff set targets based on the corresponding year's Plan & Budget applications.

Special Issues:

Significance: This is considered a valuable indicator for the population served and it is representative of the increase in demand for services on a community system that has experienced little more than flat line funding for a number of years and a 3% reduction during SFY 2009.

Activities and strategies/ changes/ innovative or exemplary model: The KDBHDID will carry out activities to reduce the utilization of inpatient beds by: Maintaining a performance indicator in the SFY2010 contracts with Regional Boards, assuring continuity of care between inpatient and outpatient providers through participation in continuity of care meetings convened by the four state hospitals, focusing on continuity of care issues in monitoring activities, observe the implementation of the DIVERTS Program (a Cabinet level project) in Western Kentucky to assure that the program continues to successfully reduce inpatient admissions and participate in development and monitoring of replication of this program in other areas of the state when funding is made available.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. The number of readmissions was lower than SFY 2008, however our 2009 target was too ambitious. We set this target based partly upon the performance indicator that is set by the regions. However, having the regions set performance targets is a fairly new requirement and not yet incentivized, so results are mixed.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	37.63	37.50	34	35.87	94.79
Numerator	1,578	1,501	--	1,372	--
Denominator	4,194	4,003	--	3,825	--

Table Descriptors:

Goal: To ensure adults with SMI have access to an appropriate level of community services and supports upon discharge from state hospitals.

Target: Decrease readmissions of adults wtih SMI, who had been discharged from the same facility within 180 days, to 34% in SFY2009.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: State Hospital Readmission for Adults with SMI / 180 days

Measure: Value: Percent Numerator: Number of admission episodes during the reporting period in which adults with SMI had been discharged from the same facility within 180 days preceding another admission. Denominator: Total number of admissions of adults with the SMI marker to the facility that occurred in the state fiscal year.

Sources of Information: Facility MIS is the source for actual number served by state hospitals. This is linked with CMHC client data. Department staff set targets based on the corresponding year's Plan and Budget applications.

Special Issues:

Significance: This is considered a valuable indicator for the population served and it is representative of the increase in demand for services due to closure of most private psychiatric beds for adults across the state. This indicator has been refined to Adults with Severe Mental Illness (instead of all clients). Further analyses of the data are planned to determine the number of individuals this high percentage of readmissions represents.

Activities and strategies/ changes/ innovative or exemplary model: The KDBHDID will carry out activities to reduce the utilization of inpatient beds by: Maintaining a Performance Indicator in the SFY2010 contracts with Regional Boards, assuring continuity of care between inpatient and outpatient providers by participating in continuity of care meetings convened by the four state hospitals; focusing on continuity of care issues in monitoring activities, observing the implementation of the DIVERTS Program in Western Kentucky to assure that the program continues to successfully reduce inpatient admissions, and development and monitoring of replication of this program in other areas of the state when funding is made available.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. The readmission rate was lower than the rate in SFY 2008. However, our target was too ambitious. This target was based, in part, on performance indicators set by the regional boards. The setting of regional targets is a fairly new requirement and not yet incentivized so results are mixed.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Regional Boards in Kentucky provide many services for adults with SMI but not all of these services show fidelity. Due to confusion about how this should be counted, and in spite of setting targets for supported housing and supported employment for SFY 2009, no target was set for specific number of EBPs for SFY 2009. DBHDID is currently working on ways to accurately measure fidelity regarding several evidence based practices in the regions. A target for 1 evidence based practice (supported employment) will be set for SFY 2010.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	40	N/A	600	N/A	N/A
Numerator	N/A	122	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To ensure that adults with SMI have access to safe, affordable permanent housing in the community.

Target: To increase the number of individuals receiving supported housing services to 600 in SFY2009.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Adult with SMI Who Receive Supported Housing

Measure: Number of persons with SMI receiving this evidence-based practice

Sources of Information: In SFY2009 a target will be set based upon event data submissions by Regional Boards in concert with the requirement to set Regional performance indicator targets for this specific EBP. Service Code 43 will be tracked in the event data set.

Special Issues: This year the Department will rely solely on event data submissions as oppposed to survey data provided by Regional Boards in previous years. The actual number of clients receiving this service will therefore be less than in previous years.

Significance: All individuals seeking services at Regional Boards have a right to have evidence-based practices available to them. This data has not historically been collected to allow for comparison/trend data.

Activities and strategies/ changes/ innovative or exemplary model: Maintain specific Performance Indicator in SFY2009 contract with Regional Boards. Additional strategies to increase the number of consumers receive supported housing include: • Providing training events on supportive housing; • Participating in Olmstead planning activities; • and providing technical assistance through referral to KHC's Supportive Housing Specialist.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	552	N/A	550	1.54	.28
Numerator	N/A	545	--	549	--
Denominator	N/A	N/A	--	35,755	--

Table Descriptors:

Goal: To ensure that adults with SMI have access to Supported Employment services.

Target: To serve 550 individuals with supported employment services in SFY2009.

Population: Adults with SMI who receive supported employment services.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Adults with SMI Who Receive Supported Employment

Measure: Numerator: Number of persons with SMI receiving this evidence-based practice during fiscal year.(SFY 2009--549)
Denominator: Number of persons with SMI served by the Regional Boards during fiscal year. (SFY 2009--35755)

Sources of Information: Targets are set based upon event data submissions by Regional Boards in conecert with the requirement to set Regional performance indicator targets for this specific EBP. Service code 85 will be tracked in the event data set.

Special Issues: The target that was set for SFY 2009 was an actual number served instead of a percentage. A target has been set for SFY 2010 that is a percentage.

Significance: All individuals seeking services at Regional Boards have a right to have evidence-based practices available to them. This data has not historically been collected to allow for comparison/trend data.

Activities and strategies/ changes/ innovative or exemplary model: During SFY 2009 the Regional Boards received a 3% budget reduction that resulted in one region deleted their supported employment program and other regions decreasing supported employment funding. Goals continue to be to maintain a specific Performance Indicator in the continuing contracts with the regions, securing funding from Johnson & Johnson Foundcation to implement a plan to visit existing SE programs, promote program fidelity, develop a financing plan and work with at least 3 pilot programs to move services toward model fidelity.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. The target for SFY 2009 was set as a number, not as a percentage. The target was 550 and the actual number served was 549. We missed the target by one person. The target has been adjusted for SFY 2010 as a percentage.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	69.26	60.39	60	N/A	N/A
Numerator	11,728	3,230	--	N/A	--
Denominator	16,933	5,349	--	N/A	--

Table Descriptors:

Goal: To improve perception of care among adults with mental health diagnoses served by Regional Boards.

Target: The target for SFY 2009 is 60.

Population: Adults with mental health diagnoses

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Adult mental health consumer perception of care

Measure: Value: Percent
Numerator: Adult - Number of adults with mental health diagnoses reporting positively about treatment outcomes (5165 for 2008). Denominator: Adult - Total number of responses from adults with mental health diagnoses on the consumer satisfaction instrument (5597).

Sources of Information: The information will be collected from the Regional Boards using the MHSIP satisfaction survey based on a convenience sample.

Special Issues: For SFY 2009 (July 1, 2008 - June 30, 2009) the Regional Boards are required to use the 28-item survey plus the 8 additional functioning and social connectedness questions on the MHSIP survey. As this was the first year that all Boards used the same instrument, the performance actually decreased to 60.4%.

Significance: The perception of care as reported by consumers of services is a valuable piece of data to ensure that services are meeting the needs of those served.

Activities and strategies/ changes/ innovative or exemplary model: The Regional Boards will carry out activities designed to improve the level of positive perception of care by consumers including monitoring consumer satisfaction surveys to ascertain client perception of care, identifying regions with lower-than-expected satisfaction rates, and providing feedback to the Regional Boards through the Quality Management Outcome Team (QMOT) process. The Department further defines expectations for reporting outcomes by Regional Boards within the annually renewed contract. During SFY 2009, KDMHDDSA staff will develop a report card showing Regional Board performance on all 5 domains. The state will also continue working to improve sampling methodology.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	10.16	10	9.65	96.50
Numerator	N/A	3,488	--	3,450	--
Denominator	N/A	34,319	--	35,755	--

Table Descriptors:

Goal: To increase the rate of adults with SMI who are employed.

Target: Increase percentage of adults with SMI who are employed to 10%. (SFY2009 target)

Population: Adults with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Increased Employment

Measure: Value:Percent
Numerator: Number of adults with SMI served by Regional Boards who have an employment status of "employed full-time"(32 hours or more per week), "employed part-time"(less than 32 hours per week), or in the armed forces.
Denominator: Total number of adults with SMI served by Regional Boards (with valid codes in Field 15 of Client Data Set).

Sources of Information: The CMHC client data set is the source of this information. Department staff create targets based on corresponding year client data reports (Field 15: Employment Status, Codes 1,2, or 5).

Special Issues: KDBHDID currently does not have the ability to track client level change in employment status (e.g. from "not looking for work" to "in the workforce"), nor does it require client level reporting when changes occur. Regional Boards are required to update client data generally on an annual basis.

Significance: This is considered a valuable indicator of the population served as a key goal for all individuals is meaningful activity during the day including employment.

Activities and strategies/ changes/ innovative or exemplary model: During SFY 2009 implementation of a new Supported Employment initiative was begun by DBHDID staff, and dissemination of information about evidence-based practices including psychiatric rehabilitation and supported employment to community support program directors and at stakeholder meetings took place. Plans remain to form a workgroup comprised of members of the adults services branch, Data Infrastructure Grant Co-PIs, members of the Department Data Users Group and Research and Data Management Center staff to begin devising a plan for to collecting T1 and T2 data.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. The target set for SFY 2009 was missed by less than one half of a percentage point. The target was 10% and the number achieved for SFY 2009 was 9.65.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	9.38	.09	N/A	N/A
Numerator	N/A	1,401	--	N/A	--
Denominator	N/A	14,936	--	N/A	--

Table Descriptors:

Goal: To decrease the rate of adults with mental health diagnoses who come into contact with the criminal justice system.

Target: To establish a baseline of criminal justice involvement by adults with mental health diagnoses served by the criminal justice system (Department of Corrections).

Population: Adults with mental health diagnoses.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Criminal Justice Involvement

Measure: Value: Percent
Numerator: Number of adults served by the Department of Corrections (institutions, jails, probation and parole) in the current fiscal year who also received a service from a Regional Board in the previous fiscal year.
Denominator: The total number of adults served by the Department of Corrections in the current fiscal year.

Sources of Information: Kentucky Offender Management System (KOMS) for Department of Corrections; Client and event data set for Regional Board clients.

Special Issues: Kentucky is involved with the Other State Agency study funded by SAMHSA and administered by NASMHPD NRI. Because of this study, the Department of Corrections is sharing administrative data with KDMHDDAS. The caseload overlap between two datasets will be used as a new measure of criminal justice involvement as opposed to referral data collected in the CMHC client dataset. Targets for FFY2009 will therefore rely on baseline data from this project.

Significance: This is considered a valuable indicator for the population as effective mental health treatment should lead to less contact with the criminal justice system.

Activities and strategies/ changes/ innovative or exemplary model: Continue to share data with the Department of Corrections for purposes of joint program planning and policy development. Also begin to work with the Administrative Office of the Courts (AOC) to look at arrest data as another option for determining the effects of treatment on criminal justice involvement. Seek technical assistance from NASMHPD NRI, Inc. as to the best methods for measuring this indicator.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	4.78	3.50	5.34	65.54
Numerator	N/A	1,640	--	1,908	--
Denominator	N/A	34,319	--	35,755	--

Table Descriptors:

Goal: To decrease the rate of adults with SMI who are homeless or in shelters; and increase the rate of adults with SMI who are living independently in permanent community-based housing.

Target: Maintain the percentage of adults with SMI who are homeless or reside in shelters at 3.5%.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Housing Stability

Measure: Value: Percent
Numerator: Number of adults with SMI served by Regional Boards who have living arrangment of "homeless/uninhabitable dwelling" or "mission/shetler" in Field 19 of the Client Dataset OR answer "yes" to Field 72 of the Client Dataset (Homeless Indicator).
Denominator: Number of adults with SMI served by Regional Boards (with valid codes in Field 19 or 72).

Sources of Information: Client data set of the CMHC Management Information System. Department staff creates a target based on the corresponding year's data submissions.

Special Issues: KDBHDID currently reports an aggregate number of individuals who are coded as living independently in the client dataset on an annual basis. Updates to this field are not required on a more frequent basis. A workgroup will need to address how we can move from a point-in-time count to a T1 to T2 method based on client level change in housing status. This indicator was changed to "percent of consumers homeless or in shelters" in response to SAMHSA guidance received on 8/21/07.

Significance: Living in a preferred housing setting is considered crucial to engaging and remaining in treatment. Consumers generally report the "preferred" setting is affordable, community-based permanent housing settings living with individuals of one's choice (i.e. living independently).

Activities and strategies/ changes/ innovative or exemplary model: Collaborate with the Regional Boards and Kentucky Housing Corporation in the implementation of the Safe Place initiative, a program designed to provide targeted rental assistance vouchers to adults with SMI.
Provide technical assistance to local nonprofit housing developers through referral to KHC's Supportive Housing Specialist.
Participate in workgroup to identify revised measurement methods necessary to move from point-in-time count to a true change measure.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. The Regional Boards received a 3% reduction in funding during SFY 2009. Due to this reduction, as well as due to several regional housing staff retiring during SFY 2009, the number of regional housing staff declined during this time period. In addition, national and statewide economic crises may have led to additional persons with SMI losing their stable housing.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	67.65	67	N/A	N/A
Numerator	N/A	3,747	--	N/A	--
Denominator	N/A	5,539	--	N/A	--

Table Descriptors:

Goal: To increase the rate of adults with mental health diagnoses who report increased social supports / social connectedness.

Target: The target for SFY 2009 for this measure is 67%.

Population: Adults with mental health diagnoses.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Social Connectedness

Measure: Value: Percent
Numerator: Number of adults with mental health diagnoses served by Regional Boards who report increased social supports / social connectedness on the four items added to the 28-item MHSIP satisfaction survey (3747 for SFY 2008).
Denominator: Total number of responses from adults with mental health diagnoses on the MHSIP survey (5539 for SFY 2008).

Sources of Information: This information will be collected from the Regional Boards using the 28-item MHSIP survey plus 4 additional questions based on a convenience sample.

Special Issues: For SFY 2009 (July 1, 2008 - June 30, 2009), the Regional Boards are required to use the standard 28-item MHSIP survey plus the 4 additional social connectedness questions.

Significance: Feelings of increased social support and social connectedness are valuable outcomes of mental health treatment, rehabilitation and support provided by a recovery oriented service system.

Activities and strategies/ changes/ innovative or exemplary model: KDMHDDAS staff will work through the Quality Outcomes Management Team (QMOT) to introduce this new performance indicator to Regional Boards. Results of this change to the MHSIP survey will not be available from all Regions until the December 1, 2008 Implementation Report.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	66.45	66	N/A	N/A
Numerator	N/A	3,538	--	N/A	--
Denominator	N/A	5,324	--	N/A	--

Table Descriptors:

Goal: To increase the rate of adults with mental health diagnoses who report improved level of functioning.

Target: This is a new measure for Kentucky therefore FY2008 is considered a baseline year. For SFY 2009, the target is 66%.

Population: Adults with mental health diagnoses.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Improved Functioning

Measure: Value: Percent
Numerator: Number of adults with mental health diagnoses served by Regional Boards who report increased functioning on the four items added to (plus one existing question) the 28-item MHSIP satisfaction survey (3538 for SFY 2008).
Denominator: Adult - Total number of responses from adults with mental health diagnoses on the expanded MHSIP survey (5539 for SFY 2008).

Sources of Information: This information will be collected from the Regional Boards using the 28-item MHSIP survey plus four additional questions based on a convenience sample.

Special Issues: For SFY 2008 (July 1, 2007 - June 30, 2008), the Regional Boards were required (for the first time) to use the standard 28 item MHSIP survey plus four additional functioning questions.

Significance: Increased functioning is a valuable outcome of mental health treatment, rehabilitation and support provided by a recovery oriented service system.

Activities and strategies/ changes/ innovative or exemplary model: KDMHDDAS staff will continue to work through the Quality Outcomes Management Team (QMOT)to introduce this new performance indicator to Regional Boards. Results of this change to the MHSIP survey will not be available until the December 1, 2008 implementation report.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Homeless Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	4.20	4.78	4.60	5.34	N/A
Numerator	1,403	1,640	--	1,908	--
Denominator	33,161	34,319	--	35,755	--

Table Descriptors:

Goal: To provide outreach to and linkage with the public mental health system for adults who are homeless and have a serious mental illness.

Target: To increase the rate of adults with SMI identified as homeless and who receive services from the Regional Boards to 4.6% in SFY 2009.

Population: Adults with SMI.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Penetration Rate - Adults with SMI who are homeless.

Measure: Value: Percent
Numerator: Number of adults with SMI served by Regional Boards, who have living arrangement of "homeless/uninhabitable dwelling" or "mission/shelter" in Field 19 of the client dataset OR answer "yes" to Field 72 of the client dataset (Homeless Indicator).
Denominator: Number of adults with SMI served by Regional Boards.

Sources of Information: Client dataset for actual number served. Department staff sets targets based on the previous year's actual count and knowledge of various factors that impact the service system.

Special Issues:

Significance: Regional Boards first reported the marker for homelessness (Field 72) in 2004. The homeless population in Kentucky is reportedly growing and national literature indicates that many of them have unmet mental health treatment needs.

Activities and strategies/ changes/ innovative or exemplary model: KDBHDID, through the PATH Formula Grant, will continue to support specialized initiatives to complement the existing community support array in the three urban regions (Lexington, Louisville, and Covington) and two rural regions (Kentucky River and Adanta).

KDBHDID staff and Regional MH/MR Board staff use a number of strategies to insure that individuals with serious mental illnesses who are homeless are evaluated and receive necessary services. These include identifying individuals who have been homeless more accurately in the client data set, providing accommodations in clinic and other program hours, providing specialized training to case managers and clinicians, establishing formal and informal linkages with homeless services providers and continued participation in local Continuum of Care meetings.

The Department's PATH Coordinator participates in the state-level Kentucky Interagency Council on Homelessness (KICH) and has promoted SOAR training throughout Kentucky, primarily to case managers. SOAR is designed to improve the "approvability" of SSI and SSDI applications by homeless individuals. When approved, individuals typically receive Medicaid benefits and therefore have a payor source for public mental health services.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Older Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	25	26.74	24	28.13	N/A
Numerator	4,425	4,678	--	4,922	--
Denominator	17,496	17,496	--	17,496	--

Table Descriptors:

Goal: To increase access to services for older adults with SMI.

Target: Increase the percentage of older adults with SMI who receive services from Regional Boards to 24 % in SFY 2009.

Population: Adults with SMI

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Penetration Rate - Older adults with SMI

Measure: Value: Percent Numerator: Number of adults age 60 and over, with SMI, who received services from the Regional Boards. Denominator: 2.6% of the total number of adults age 60 and over per Kentucky's 2000 census.

Sources of Information: MIS (client and event) data is used for actual numbers of adults. Department staff also utilize information provided by the Regional Boards to set targets.

Special Issues:

Significance: Kentucky's older adult population is the fastest growing segment of the population and older adults with SMI often do not seek the services they need.

Activities and strategies/ changes/ innovative or exemplary model: The KDBHDID plans to continue alliances and working relationships with agencies who serve older citizens. Plans are as follows: continue to fund the Kentucky Mental Health and Aging Coalition in order that issues/barriers related to access to services for older adults are addressed, provide continuation funding for existing local coalitions in the regions so that public education and awareness activities may be provided on a regional basis, continue to have a representative from the Department for Aging and Independent Living serve as a member of the Mental Health Planning Council, and seek out federal and foundation grand funding for new projects that would benefit older adults.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Peer Support

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	108	150	148	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To increase the number of trained peer support specialists available to provide supports to adults with SMI.

Target: To increase the number of trained peer support specialists by 40 from SFY 2008 to SFY 2009.

Population: Adults with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Trained Peer Support Specialists

Measure: Value: Number
Numerator: Number of peer support specialists certified by KBHDID.

Sources of Information: KDBHDID database.

Special Issues:

Significance: This is considered a valuable component of a recovery-oriented system and a key to transforming Kentucky's public mental health system.

Activities and strategies/ changes/ innovative or exemplary model: KDBHDID has been training peer support specialists for five years using a curriculum based on the Georgia and South Carolina models. The Department sponsored a regulation outlining the peer support certification process, that passed through the state legislature and was approved February 14, 2008. The Department also worked with DMS to submit a state plan amendment to CMS making peer support a Medicaid reimburseable service. This SPA is still pending. Regional Boards have been gradually creating positions and hiring peer support specialist graduates, however there currently is no permanent funding source.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. This specific Performance Indicator focuses on the number of peer support specialists that are certified by the Department. This means they have attended the 5 day training event and passed the certification examination (written and oral). During SFY 2009, 45 consumers were trained but only 40 actually passed the examination and were certified.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Rural Areas

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	52	52.90	48	51.83	N/A
Numerator	17,291	17,710	--	17,343	--
Denominator	33,462	33,462	--	33,461	--

Table Descriptors:

Goal: Improve outreach and access to services for persons who live in rural areas of the Commonwealth.

Target: Is is anticipated that the number of adults with SMI, served by the Regional Boards, who reside in rural areas will be approximately 48% in 2009.

Population: Adults with SMI

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Penetration Rate - Adults with SMI who reside in rural areas of the state.

Measure: Value: Percent

Numerator: Number of adults with SMI, served by the Regional Boards, who reside in rural (non-MSA) counties.

Denominator: 2.6 percent of the 2000 Kentucky adult census who reside in rural (non-MSA) counties.

Sources of Information: MIS client and event data for actual number served. University of Louisville State Data Center is source of adult census data for MSA and non-MSA counties.

Special Issues:

Significance: This is considered a valuable indicator of the population served and is representative of the steady increase in demand for services in rural areas.

Activities and strategies/ changes/ innovative or exemplary model: KDBHDID will incorporate best practices in rural service delivery into existing KDBHDID sponsored training events. Other activities include: encouraging local collaboration with existing community organizations to address transportation opportunities, increasing public awareness of mental health services, and continuing to increase the availability and utilization of telehealth services.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: State MH Expenditures

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	35.91	36.67	35	N/A	N/A
Numerator	148,738,582	151,888,021	--	N/A	--
Denominator	4,141,835	4,141,835	--	N/A	--

Table Descriptors:

Goal: To assure that the recovery oriented mental health system has adequate financial resources.

Target: A projection of $35.00 per capita is anticipated for this indicator for 2009.

Population: All Kentucky citizens (adults and children)

Criterion: 5:Management Systems

Indicator: Per Capita State Mental Health Expenditures

Measure: Value: Percent

Numerator: Annual KDMHDDAS mental health dollars allocated to the Regional Boards, state hospitals, and personal care homes.

Denominator: The Kentucky 2006 census (4,206,074).

Sources of Information: Allocations as designated to each of the Regional Boards and review of their reported expenditures at year end.

Special Issues:

Significance: This is considered a valuable indicator of the resources available to meet an ever increasing demand for services. The amount available to serve Kentucky's adults with SMI and children with SED is below the national average and continually rates in the bottom 10 for all states.

Activities and strategies/ changes/ innovative or exemplary model: The Department has engaged a financial consultant through the National Technical Assistance Center (NTAC) who has drafted a strategy to increase funding for community based services, especially more recovery-oriented services like peer support, integrated treatment for dual disorders and supported employment. This project is part of the Department's mental health transformation effort.

Other challenges include:

• Maintaining a focus on serving those most in need while allowing greater fiscal flexibility at the regional level;

• Expecting the same level of outcomes from programs that have not had an increase in funding in a decade; and

• Maintaining safety net services (e.g. crisis services) at the Regional level.

Strategies used by the Department include:

• Moving toward performance based contracting (allowing greater flexibility while holding Regional Boards more accountable for outcomes);

• Moving the focus to developing effective systems of care for adults with severe mental illnesses from developing specific program interventions; and

• Developing focused biennium budget requests that are based on a strong needs assessment.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Targeted Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	9.10	9.35	8	8.88	N/A
Numerator	7,202	7,408	--	7,035	--
Denominator	79,221	79,221	--	79,221	--

Table Descriptors:

Goal: To increase the percentage of adults with SMI who have access to targeted case management services.

Target: Maintain access to targeted case management provided by Regional Boards at 8.0% in 2009.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Penetration Rate - Adults with SMI Receiving Targeted Case Management

Measure: Value: Percent
Numerator: Number of adults with SMI served by Regional Boards who received a Targeted Case Management service.
Denominator: 2.6 percent of the Kentucky adult 2000 census.

Sources of Information: MIS (client and event) data for actual number served. Department staff sets targets based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that may impact the system.

Special Issues:

Significance: This is considered a valuable indicator of the population served and it is representative of the increase in demand for services on a system that has experienced little more than flat line funding for a number of years and a 3% budget reduction during SFY 2009. It may also represent improvement in appropriate use of the SMI marker in the MIS.

Activities and strategies/ changes/ innovative or exemplary model: Although adult case management services are available in all 120 counties in the state, access to services is inconsistent and sometimes inadequate to meet the need. Flat state funding in addition to a 3% budget reduction during SFY 2009 has actually reduced the number of non-Medicaid individuals receiving this service over the past several years. KDBHDID will use the following strategies to improve case management services: provision of initial and ongoing technical assistance and consultation to case managers and their supervisors, continued collaboration with the adult mental health case management advisory committee, and continued participation in the statewide case management work group to explore new training technology.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	40	40	39	41	105.13
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To increase access to services for children with SED.

Target: Target for SFY 2009 was set at 39%.

Population: Children with SED

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Penetration Rate - Children with SED

Measure: Value: Percent
Numerator: Total number of children with SED served by the Regional Boards in the state fiscal year. Denominator: Five percent of the child population (under age 18) per Kentucky 2000 census (49,742).

Sources of Information: MIS for actual number served and Department staff sets targets based on 2010 Plan & Budget applications from the Regional Boards & knowledge of factors that may impact the system.
Actuals of past years: SFY 2007=20,083 SFY 2008=19,947 SFY 2009=20,360

Special Issues: Kentucky is using 2000 census this reporting period.

Significance: This is considered a valuable indicator of the population served and it is representative of the steady increase in demand for services on a system.

Activities and strategies/ changes/ innovative or exemplary model: The action plans for this indicator include:
Provide targeted case management, utilizing wraparound;
Provide prevention and early intervention services to children under age 6;
Provide school based services and work with school personnel to ensure that there is shared vision towards appropriate screening, assessment and treatment; and
Address the mental health needs of children through community-based services, rather than heavy reliance on residential, out of home care.
Enhance screening, assessment and treatment of substance abuse disorders among youth.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Kentucky does not have any state operated psychiatric facilites for children.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Kentucky does not have any state operated psychiatric facilities for children.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	1	1	1	1	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To ensure that all Kentucky children with SED who require out of home care have the opportunity to receive community based therapeutic foster care services, rather than institutional care.

Target: To provide at least one of the federally recognized EBPs for children with SED. Six of the Regional Boards will provide Therapeutic Foster Care, to children with SED, during SFY 2009.

Population: Children with SED.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Provision of Evidence-Based Practices by Regional Boards - Therapeutic Foster Care

Measure: Value: Number of EBPs for Children with SED offered by the Regional Boards.

Sources of Information: Annual Plan and Budget Applications as submitted by the Regional Boards & data retrieved from the MIS. (TFC is coded in the Event Data System- code #27)

Special Issues: The majority of TFC is provided by private providers under contract with the Department for Community Based Services (child welfare) and the Department of Juvenile Justice rather than the state mental health authority.

Significance: This indicator addresses the NFC Goal 5 which states: Excellent MH Care is Delivered and Research is Accelerated.
Providing the services with the most evidence base is a goal for Kentucky's System of Care for children with SED, and their families.

Activities and strategies/ changes/ innovative or exemplary model: The Department will continue to make efforts to educate and provide assistance to Regional Boards in offering children's EPBs. There are several ongoing intiatives to bring together Department staff and providers for discussions and decision making around transforming the mental health system in Kentucky. Federal grant projects will also be instrumental in moving the system forward. Such initiatives include working with the Kentucky Center for Instructional Discipline to improve services in schools and statewide implementation of Reclaiming Futures.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	1.56	1.34	1.20	1.03	85.83
Numerator	313	268	--	209	--
Denominator	20,083	19,947	--	20,360	--

Table Descriptors:

Goal: To ensure that children that require out of home placement receive the most effective services, in the least restrictive environment.

Target: At least 1.2% of children with SED served by the Regional Boards (i.e., 260 children) will receive a TFC service from the Regional Boards in SFY 2009.

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Evidence-Based Practices: Number of Children receiving Therapeutic Foster Care from a Regional Board.

Measure: Measure: Percentage
Numerator: Total number of children with SED, served by the Regional Board, who received a Therapeutic Foster Care service (code 27) during the SFY.
Denominator: Total number of children with SED, served by the Regional Board, within the SFY.

Sources of Information: MIS data collected on the provision of Therapeutic Foster Care and on-going discussions with the Therapeutic Foster Care Program Directors across the state.

Special Issues: The majority of Therapeutic Foster Care services in Kentucky are provided by entities other than the Regional Boards. No Block grant funds are used to support this service.
A drop in the Therapeutic Foster Care census is a result of the providers limiting the number of children served per therapeutic foster home as a result of KY Administrative Regulation.

One Regional Board became licensed to provide TFC early in SFY 2008 but has decided to had to suspend services indefinitely due to budget issues.

Significance: To ensure that children receive the most effective services possible, the Regional Boards strive to conduct assessments and provide treatment that adheres to System of Care principles and that uses techniques with evidence to support their efficacy. The state is now dedicated to tracking the use of EBPs and maintaining dialogue with the Boards to achieve the most desirable outcomes for all clients served.

Activities and strategies/ changes/ innovative or exemplary model: The Department will continue to support the TFC programs across the state by providing technical assistance and facilitating quarterly Peer Group meetings with TFC Program Directors.

The TFC programs provide a number of effective supportive services to foster and biological families, including family support groups, ongoing workshops and trainings, foster parent retreats with pertinent workshops, special foster parent recognition events, as well as providing education to various community partners regarding foster care services. These specialized services increase the possibility for youth to find success and stabilization while in TFC, as well as long term permanency.
Provide additional support/workshops on various best practices including trauma informed care and treatment approaches to utilize with families who have experienced trauma.
A Department staff also attends the Children's Alliance Foster Care Council. The Children's Alliance is a professional organization whose membership includes the majority of the residential treatment providers across the state, including TFC providers.

Target Achieved or Not Achieved/If Not Achieved

Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	68.99	65.39	60	N/A	N/A
Numerator	3,497	1,381	--	N/A	--
Denominator	5,069	2,112	--	N/A	--

Table Descriptors:

Goal: To ensure that feedback is sought from parents regarding their satisfaction with outcomes obtained from receiving services for their children.

Target: Children - Ensure that at least 60% of the parents of children surveyed report positive responses on the consumer satisfaction tool (MHSIP YSS-F) regarding outcomes of treatment.

Population: Children Served by the Regional Boards.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Child - Client Perception of Care.

Measure: Value: Percent
Numerator: Total number of parents of children who report positively regarding outcomes of treatment on the consumer satisfaction tool.
Denominator: Total number of responses regarding outcomes of treatment on the consumer satisfaction tool.

Sources of Information: New in SFY 2008, Boards used MHSIP YSS-F (random sample of all children served) for collection of data.

Special Issues: Many Regional Boards (private, non profit entities) have had on-going data collection in this area using various methods and tools over a period of years. Thus, the Department has chosen not to impose a specific method and tool abruptly and SFY 2008 marks the first year for standardized tool.

Significance: The perception of care as reported by consumers of services is a valuable piece of data toward ensuring that services are meeting the expectation/needs of those served. This is one method for gaining consumer feedback in the state's efforts to move toward a family driven and youth guided system of care.

Activities and strategies/ changes/ innovative or exemplary model: Action Plans for this Indicator include:

The information will be collected from the Regional Boards.
The Department will work with them through the Quality Management and Outcomes Team (QMOT) to ensure adequate sampling methodology. There are plans to review different methodology options and to utilize technical assistance through nri/the DIG grant.
For SFY 2009, all Regional Boards will be using the MHSIP YSS-F and sample will be of all children served (not limited to SED).

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	66.22	11.20	N/A	N/A
Numerator	N/A	196	--	N/A	--
Denominator	N/A	296	--	N/A	--

Table Descriptors:

Goal: Ensure that children remain in school and reach their highest academic potential.

Target: The target for SFY 2009 is 11.2% of children/adolescents will experience a decrease Baseline collection year as this indicator had not been previously measured in the same manner.

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Increase school attendance of children served by the Regional Boards.

Measure: Value: Percent
Numerator: Number of children, who are of school age, who reported an improvement in school attendance while receiving services from the Regional Boards' IMPACT program.
Denominator: Total number of children for whom this data was collected (those children with T1 & T2 data in the IMPACT Outcomes Managment System, and who are of school age).

Sources of Information: IMPACT Outcomes Management System

Special Issues: This is a new and difficult indicator to measure and it will likely take a couple of years to have enough meaningful data to be reliable for program planning. There are some inherent variables that make this measure difficult to collect (e.g., alternate types of schooling, school calendar variations, accuracy of attendance reporting). The children participating in the IMPACT program are those with SED who require intensive community based services to remain in their own homes and thus represent a select segment of children served in the overall system. Potential for their school attendance to be less than representative of the whole population of children served is possible. This also limits reliable state to state comparisons of the data.

Significance: This indicator is significant to the overall well being and functioning of children served by the Regional Boards. All children regardless of disability have the right to a free and appropriate public education.

Activities and strategies/ changes/ innovative or exemplary model: The IMPACT Outcomes Management System will rely on parent report regarding the school attendance of children. At this time, administrative school attendance data is not avaliable to the Department.
The data will be closely monitored and all variables considered when analysis of the data is conducted.
TA will be sought as well as QMOT discussion about data analysis for this indicator.
In the long term, data correlation studies will be conducted and the results will be considered in program planning. Another future goal is th collect data for this measure for a broader group of children service rather than just the IMPACT children.

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	97	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To decrease the rearrest rate of youth served by the Regional Boards' IMPACT program.

Target: The target for SFY 2009 is 97% of children/adolescents, served by the Regional Boards, who were arrested at T1 and will not be rearrested at T2. Not previously collected in the same manner.

Population: Children with SED served by the Regional Boards' IMPACT programs.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Decreased Criminal Justice Involvement

Measure: Value: Percent
Numerator: Number of children served by the Regional Boards' IMPACT program who were not rearrested at T2.
Denominator: Number of children served by the Regional Boards' IMPACT program for whom arrest data was collected.

Note: No 12 mo. data available.
For SFY 2008,There were 336 youth for whom T1 (baseline) & T2 (6 mo. f/up) arrest data was collected.
Of these 336, 10 reported an arrest in the past 6 mos. & at 6 mos. f/up, 6 reported an arrest in the past 6 mos.

Sources of Information: IMPACT Outcomes Management System.

Special Issues: This indicator is still very challenging and there are presently several different avenues being considered in the Department's efforts to determine how best to measure this indicator.
These include:
-Department for Juvenile Justice overlap with client data set of the Boards.
-There is a desire to mirror the URS Tables information and thus only arrest data would be considered.
-The IMPACT Outcomes Management System has a great degree of detail about criminal/court involvement of youth served and collects T1 and T2 data.
-The desire to take the Reclaiming Futures model statewide will likely mean the Boards would have greater interface with the criminal justice system (court referrals for youth in need of integrated treatment for co-occurring mental health and substance abuse disorders) and thus overall numbers may desirably show increased cross systems involvement.

Significance: This indicator addresses the President's NFC Report Goal 2: MH care is consumer and famiy driven and recommends that we protect and enhance the rights of people with mental illness.
It also addresses Goal 4: Early MH screening, assessment, and referral to services are common place and recommends that we screen for mental disorders in primary health care, across the lifespan and connect to treatments and supports.

Activities and strategies/ changes/ innovative or exemplary model: The action plan to address this indicator includes:
-Current year monitoring of the various methods by which this indicator could be measured;
-Continue to work collaboratively with local judges/courts and DJJ to ensure that youth receive MH and substance abuse services needed in an appropriate and timely manner.
-Expand the Reclaiming Futures model of collaborative case planning and treatment for youth with co-occurring MH and substance abuse disorders, from one region of the state to at least three additional regions.

-Continue to share data with DJJ for purposes of joint program planning and policy development.
-Work with the Administrative Office of the Courts (AOC) and the Kentucky Offender Management System (KOMS-KY State Police MIS) to look at arrest data as another option for determining the effects of treatment on juvenile justice involvement.
-Seek technical assistance from NASMHPD NRI, Inc. as to the best methods for measuring this indicator.
-Further analyse information gained from experience with the Other State Agency study involvement. Because of this study, the Department for Juvenile Justice has shared administrative data with KDMHMRS. The caseload overlap between two datasets will be used as a new measure of juvenile justice involvement as opposed to referral data collected in the client dataset.

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	.01	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide housing assistance to children with SED who are homeless.

Target: SFY 2009 will be a baseline year for this indicator as this information has not been previously reported in the same manner.
SFY 2008 target is based on a totally different set of parameters- i.e., information about the stability of living situation among children served was measured rather than homelessness.

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Penetration Rate- Children who are homeless

Measure: Value: Percent
Numerator: Total number of children with SED (unduplicated), served by the Regional Boards, within the SFY who are homeless.
Denominator:Total number of children with SED (unduplicated), served by the Regional Boards, within the SFY.

Sources of Information: Client data set for actual numbers served and homeless indicator.

Special Issues:

Significance: Stability in the living situation of children with SED is important factor in their overall functioning.

Activities and strategies/ changes/ innovative or exemplary model: Consider ways to better capture the data around homelessness for child population in the state and that served by the Regional Boards.

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	94.53	85	N/A	N/A
Numerator	N/A	1,971	--	N/A	--
Denominator	N/A	2,085	--	N/A	--

Table Descriptors:

Goal: Ensure that children served by the Regional Boards, and their families, are fully aware of services and supports (formal and informal) available and that they are able to take advantage of them.

Target: The target for SFY 2009 is 85%.

Population: Children served by the Regional Boards, and their families.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Increased Social Supports/Social Connectedness

Measure: Value: Percent
Numerator: Number of families that report positive responses on the 4 survey questions added to the YSS-F regarding Social Supports/Social Connectedness
Denominator: Total number of completed survey responses on the 4 survey questions added to the YSS-F regarding Social Supports/Social Connectedness. 90.09% is reportedly the response on this item, however numerator and denominator are not yet avaiable.

Sources of Information: This information will be collected from the Regional Boards using the YSS-F with additional questions, using a convenient sampling within the same two month period.

Special Issues: SFY 2008 was the first year that the Boards were required to all use the standardized YSS-F tool to collect data for this indicator.
The Department and the Regional Boards are working together through the Quality Managment Outcomes Team (QMOT) to ensure consistent use of an adequate sampling method for the coming year.

Significance: This is considered a valuable indicator because youth and families' perception of connectedness to their community is strongly correlated with positive outcomes in many life domains. Also, for providers it is an additional way in which families can provide feedback about services and supports needed and received.

Activities and strategies/ changes/ innovative or exemplary model: The Department will take the following actions around this indicator:
-Make providers, consumers and families aware of this NOM and how the data will be collected, as well as share data results with them to gain feedback;
-Work through QMOT to improve data collection and integrity; and
-Compare data from this collection method with other available outcomes data (e.g., IMPACT and Early Childhood MH Outcomes Management System, IMPACT Plus Data).
-Utilize data from this indicator as the state seeks to enhance peer to peer and parent to parent services across the state.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	68.88	60	N/A	N/A
Numerator	N/A	1,492	--	N/A	--
Denominator	N/A	2,166	--	N/A	--

Table Descriptors:

Goal: Ensure that children served by the Regional Boards, and their families, received the services and supports needed to reach and sustain their highest possible functioning level.

Target: The target for this indicator for SFY 2009 is 60%.

Population: Children served by the Regional Boards.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Increased Level of Functioning

Measure: Value: Percent
Numerator: Number of families who report increased level of functioning on the YSS-F with addtional questions regarding functioning outcomes.
Denominator: Number of families who complete the YSS-F.

Sources of Information: This information wil be collected from the Regional Boards who will administer the YSS-F (with the addtional questions about functioning) within the same 2 month window.

Special Issues: SFY 2008 was the first year Regional Boards were required to collect this data using a standardized tool, the YSS-F to collect data for this indicator. A connvenient sample was accepted.

Significance: This indicator is a very valuable measure of children, and their families' ability to be successful in coping with mental health disorders while remaining in their own homes, schools, communities.

Activities and strategies/ changes/ innovative or exemplary model: The Department has the following plans for the coming year:

KDMHDDAS staff will work through the Quality Outcomes Management Team (QMOT) to introduce this new performance indicator to Regional Boards. Results of this change to the MHSIP survey will not be available from all Regions until the December 1, 2008 Implementation Report.

-Continue to work with QMOT to improve sampling methodology.
-Continue to work with the Youth Development Council to ensure that communities understand and respond to the needs of all children and families;
-Continue to promote the mental health of children through media outlets and other available forums;
-Continue to collaborate with Public Health and Medicaid to effectively address mental health and substance abuse (MHSA) disorders among children;
-Continue efforts to educate and consult with pediatricians, health clinics, judges, early care programs, schools and others about MHSA disorders and available resources; and
-Carry out the objectives of Kentucky's Youth Suicide Prevention grant and support the ongoing activities of the Kentucky Suicide Prevention Group.

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Children under age 6

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	1.82	2.01	1.70	2.10	N/A
Numerator	5,827	6,454	--	6,844	--
Denominator	320,380	320,380	--	320,380	--

Table Descriptors:

Goal: To build regional capacity for early childhood mental health services including prevention and early intervention services for children under age six.

Target: For the population of children under age six (6), at least 1.7% will be served by the Regional Boards in SFY 2009.

Population: Children under age six.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Indicator: The number of children under age six served by the Regional Boards during the SFY.

Measure: Value: Percent
Numerator: The number of children under age 6 served in a mental health program by the Regional Boards.
Denominator: The 2000 estimated census for Kentucky's under age 6 population. (320,380)

Sources of Information: The MIS system allows us to capture the number of children served by age. The targets are created by staff based on 2009 Plan and Budget applications from the Regional Boards and knowledge of various factors that may impact the system.

Special Issues: This indicator includes all children under age 6 and not just those under age six with an SED marker in the client data set.
The age is defined as those children who are age 6 at the close of the SFY.

Significance: This indicator addresses Goal 4 of the President's NFC report that states: In a Transformed MH system, early MH screening, assessment and referral to services are common practice.

Activities and strategies/ changes/ innovative or exemplary model: Action plans for this indicator include:

Ensuring that there is an Early Childhood MH Specialist in all 14 regions;
Utilizing a new outcomes management system in an effort to enhance systematic collection and analysis of data;
Providing consultative and direct services to children under age 6; and
Providing training and support to professionals who work with young children in early care and educational programs.

The Department continues to seek additional funding to serve this population and has recently been awarded System of Care grant, KY SEED, to address the unigue needs of this population while building on the administrative structures and the programming already in place.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Children's home stability

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: SED Targeted Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	11.80	11.42	11	11.18	100.18
Numerator	5,838	5,683	--	5,563	--
Denominator	49,742	49,742	--	49,742	--

Table Descriptors:

Goal: To provide children with SED, who have multiagency involvement and complex needs, Service Coordination (targeted case management) utilizing Wraparound.

Target: The target for this indicator for SFY 2009 is 11%.

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Penetration Rate - Children with SED receiving targeted case management (Service Coordination/Wraparound).

Measure: Value: Percent
Numerator: Unduplicated sum of children served during the SFY with an SED marker in the KDMHMRS data set who received a Regional Board Targeted Case Management (Service Coordination/Wraparound)service.
Denominator: Five percent of the estimated 2000 Kentucky child census (49,742).

Sources of Information: MIS for actual number served and Department staff sets targets based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that may impact the system.

Special Issues: The IMPACT program, Kentucky's SC/Wraparound program is offered statewide and has a rich history of cost and treatment effectiveness. There is also a strong infrastructure in place to support it and state funds allocated to ensure flexible funding.

Significance: This indicator addresses the NFC Goal 5: Excellent MH care is delivered and research is accelerated, providing the services with the most evidence base is a goal for Kentucky's System of Care for children with SED.

Activities and strategies/ changes/ innovative or exemplary model: The Department will provide technical assistance to the IMPACT Program Directors and others within the Regional Boards to ensure that children and families in need of intensive Service Coordination/Wraparound services have access. The IMPACT Outcomes Management System will also provide data/information for treatment and program planning.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

Upload Planning Council Letter for the Implementation Report

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

Table 1. Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.

Table 1.		
Report Year:	2009	
State Identifier:	KY	
	Current Report Year	**Three Years Forward**
Adults with Serious Mental Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		

Note: This Table will be completed for the States by CMHS.

Table 2A. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically.

Table 2.													
Report Year:	2009												
State Identifier:	KY												
	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	11,067	18,838	8	29,913	18	38	0	3	7	0	1,231	2,346	3
13-17 years	9,750	11,057	8	20,815	17	19	0	6	6	0	1,201	1,475	0
18-20 years	3,595	3,420	5	7,020	8	11	0	0	2	0	400	385	0
21-64 years	47,954	33,215	15	81,184	126	88	0	46	24	0	3,807	2,830	0
65-74 years	2,068	1,083	1	3,152	4	2	0	1	0	0	142	63	0
75+ years	1,019	499	1	1,519	0	0	0	0	2	0	52	18	0
Not Available	1	2	2	5	0	0	0	0	0	0	0	0	0
Total	75,454	68,114	40	143,608	173	158	0	56	41	0	6,833	7,117	3

Are these numbers unduplicated? ☑ Unduplicated ☑ Duplicated: between Hospitals and Community ☐ Duplicated Among Community Programs ☐ Duplicated between children and adults ☐ Other: describe:

Comments on Data (for Age):	age is calculated on June 30.
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	These are unduplicated counts.

Table 2A. Profile of

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Table 2.
Report Year:
State Identifier:

	Native Hawaiian or Other Pacific Islander			White			Hispanic * *use only if data for Table 2b are not available.*		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	12	14	0	8,564	14,437	5			
13-17 years	4	6	0	8,200	9,145	8			
18-20 years	3	5	0	3,033	2,848	5			
21-64 years	32	23	0	42,366	28,549	12			
65-74 years	2	0	0	1,762	890	1			
75+ years	1	0	0	654	340	1			
Not Available	0	0	0	1	2	0			
Total	54	48	0	64,580	56,211	32	0	0	0

Are these numbers ur

☑ Unduplicated ☑ Duplicated: between Hospitals and Community ☐ Duplicated Among Community Programs
☐ Duplicated between children and adults ☐ Other: describe:

Comments on Data (for Age):
Comments on Data (for Gender):
Comments on Data (for Race/Ethnicity):
Comments on Data (Overall):

Table 2A. Profile of

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Table 2.
Report Year:
State Identifier:

	More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	191	295	0	1,048	1,701	0
13-17 years	117	109	0	205	297	0
18-20 years	26	21	0	125	148	0
21-64 years	120	61	0	1,457	1,640	3
65-74 years	4	0	0	153	128	0
75+ years	0	0	0	312	139	0
Not Available	0	0	0	0	0	2
Total	458	486	0	3,300	4,053	5

Are these numbers ur

☑ Unduplicated ☑ Duplicated: between Hospitals and Community ☐ Duplicated Among Community Programs
☐ Duplicated between children and adults ☐ Other: describe:

Comments on Data (for Age):
Comments on Data (for Gender):
Comments on Data (for Race/Ethnicity):
Comments on Data (Overall):

Table 2B. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 2A.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically.

Table 2.													
Report Year:	2009												
State Identifier:	KY												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0 - 12 Years	10,658	18,081	7	258	497	1	151	260	0	11,067	18,838	8	29,913
13 - 17 years	9,540	10,812	8	172	213	0	38	32	0	9,750	11,057	8	20,815
18 - 20 years	3,520	3,366	5	55	36	0	20	18	0	3,595	3,420	5	7,020
21-64 years	47,438	32,747	14	387	329	1	129	139	0	47,954	33,215	15	81,184
65-74 years	2,028	1,060	1	14	11	0	26	12	0	2,068	1,083	1	3,152
75+ years	997	488	1	3	0	0	19	11	0	1,019	499	1	1,519
Not Available	0	0	0	1	1	0	0	1	2	1	2	2	5
Total	74,181	66,554	36	890	1,087	2	383	473	2	75,454	68,114	40	143,608
Comments on Data (for Age):	Age is calculated on June 30.												
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):	These are unduplicated counts.												

Table 3. Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 3.												
Report Year:	2009											
State Identifier:	KY											
	Age 0-17			Age 18-20			Age 21-64			Age 65+		
Table 3. Service Setting	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**
Community Mental Health Programs	20,817	29,895	16	3,595	3,420	5	47,955	33,212	15	3,087	1,582	2
State Psychiatric Hospitals	0	0	0	104	202	0	2,492	3,527	0	172	218	0
Other Psychiatric Inpatient	0	0	0	4	53	0	99	559	0	0	10	0
Residential Treatment Centers												
Comments on Data (for Age):	Age is calculated on June 30.											
Comments on Data (for Gender):												
Comments on Data (Overall):	"Other Psychiatric Inpatient" = KCPC; "State Psychiatric Hospitals" = CSH, ESH, WSH, ARH.											

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Instructions:

1 States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.

2 If forensic hospitals are part of the state mental health agency system include them.

3 Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row

4 Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.

5 A person who is served in both community settings and inpatient settings should be included in both rows

6 RTC: CMHS has a standardized definition of RTC for Children: "An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."

Table 3. Profile

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Table 3.							
Report Year:							
State Identifier:							
	Age Not Available			Total			
Table 3. Service Setting	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Total**
Community Me Health Program	1	2	2	75,455	68,111	40	143,606
State Psychiatr Hospitals	0	0	0	2,768	3,947	0	6,715
Other Psychiatr Inpatient	0	0	0	103	622	0	725
Residential Tre Centers				0	0	0	0
Comments on Da Age):							
Comments on Da Gender):							
Comments on Da (Overall):							

Note: Clients ca
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Instructions:

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Table 4. Profile of Adult Clients by Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are looking for work but have not found employment. **Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.**

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 4.																
Report Year:	2009															
State Identifier:	KY															
	18-20			21-64			65+			Age Not Available			Total			
Adults Served	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Total**
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	422	340	2	8,555	6,547	7	115	70	0	0	0	0	9,092	6,957	9	16,058
Unemployed	857	782	2	10,512	8,775	3	116	68	0	1	0	0	11,486	9,625	5	21,116
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	2,227	2,196	1	27,776	16,734	4	2,434	1,195	2	0	1	0	32,437	20,126	7	52,570
Not Available	89	102	0	1,112	1,156	1	422	249	0	0	1	2	1,623	1,508	3	3,134
Total	3,595	3,420	5	47,955	33,212	15	3,087	1,582	2	1	2	2	54,638	38,216	24	92,878

How Often Does your State Measure Employment Status? ☑ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other: describe:

What populations are included: ◉ All Clients ○ Only Selected groups: describe:

Comments on Data (for Age):	Age is calculated on June 30.
Comments on Data (for Gender):	
Comments on Data (Overall):	

Table 4a. Optional Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 4a.					
Report Year:	2009				
State Identifier:	KY				
Clients Primary Diagnosis	**Employed: Competitively Employed Full or Part Time (Includes Supported Employment)**	**Unemployed**	**Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)**	**Employment Status Not Available**	**Total**
Schizophrenia & Related Disorders (295)	484	815	7,012	129	**8,440**
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	7,863	10,764	27,935	1,435	**47,997**
Other Psychoses (297, 298)	234	394	1,449	147	**2,224**
All Other Diagnoses	7,295	8,791	15,653	1,410	**33,149**
No Dx and Deferred DX (799.9, V71.09)	182	352	521	13	**1,068**
Diagnosis Total	**16,058**	**21,116**	**52,570**	**3,134**	**92,878**
Comments on Data (for Diagnosis):					

Table 5A. Profile of Clients by Type of Funding Support

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Table 5A													
Report Year:	2009												
State Identifier:	KY												
	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)	29,384	25,854	14	55,252	73	63	0	19	13	0	3,417	3,534	3
Non-Medicaid Sources (only)	32,207	30,738	23	62,968	66	70	0	27	17	0	1,926	2,110	0
People Served by Both Medicaid and Non-Medicaid	13,863	11,522	3	25,388	34	25	0	10	11	0	1,490	1,473	0
Medicaid Status Not Available	0	0	0	0									
Total Served	75,454	68,114	40	143,608	173	158	0	56	41	0	6,833	7,117	3

☐ Data Based on Medicaid Services ☐ Data Based on Medicaid Eligibility, not Medicaid Paid Services ☐ 'People Served by Both' includes people with any Medicaid

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (Overall):	

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.
If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 5A. Profile of

This table provides a
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Please note that the sa

Table 5A
Report Year:
State Identifier:

	Native Hawaiian or Other Pacific Islander			White			Hispanic * *use only if data for Table 5b are not available.*			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)	19	17	0	25,000	21,247	9				298	292	0	558	688	2
Non-Medicaid Sources (only)	25	22	0	27,568	25,319	20				72	67	0	2,523	3,133	3
People Served by Both Medicaid and Non-Medicaid	10	9	0	12,012	9,645	3				88	127	0	219	232	0
Medicaid Status Not Available															
Total Served	54	48	0	64,580	56,211	32	0	0	0	458	486	0	3,300	4,053	5

)eople with any Medicaid ☐ Data Based on Medicaid Services ☐ Data Based on Medicaid Eligibility, not Medicaid Paid Services ☐ 'People Served by Both' includes people with any Medicaid

Comments on Data (for Age):
Comments on Data (for Gender):
Comments on Data (Overall):

Each row should hav
and (4) Medicaid Sta
If a state is unable to
Served by Both Medi

Table 5B. Profile of Clients by Type of Funding Support

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 5A.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Table 5B.													
Report Year:	2009												
State Identifier:	KY												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Medicaid Only	28,905	25,270	11	429	536	1	50	48	2	29,384	25,854	14	55,252
Non-Medicaid Only	31,570	29,940	22	335	396	1	302	402	0	32,207	30,738	23	62,968
People Served by Both Medicaid and Non-Medicaid Sources	13,707	11,345	3	125	154	0	31	23	0	13,863	11,522	3	25,388
Medicaid Status Unknown										0	0	0	0
Total Served	74,182	66,555	36	889	1,086	2	383	473	2	75,454	68,114	40	143,608
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (Overall):													

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Table 7. Profile of Mental Health Service Expenditures and Sources of Funding

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding.

This Table will be completed by the NASMHPD Research Institute (NRI) using data from the FY 2007 SMHA-Controlled Revenues and Expenditures Study

Table 7.				
Report Year:	2009			
State Identifier:	KY			
	State Hospital	Other 24 Hour Care*	Ambulatory/ Community Non-24 Hour Care	Total
Total	Data will come from the NRI's FY'2006 SMHA Revenues and Expenditures Study.			
Medicaid				
Community MH Block Grant				
Other CMHS				
Other Federal (non-CMHS)				
State				
Other				

** Other 24 Hour Care: is "residential care" from both state hospitals and community ("Ambulatory/Community). Thus, "Other 24 Hour Care" expenditures are also included in the state hospital and/or "Ambulatory/Community" Columns as applicable.*

Comments on Data:

The data in this table are derived from NRI's State Mental Health Agency-Controlled Revenues and Expenditures Study.

Note: The data in this table are derived from NRI's State Mental Health Agency-Controlled Revenues and Expenditures Study. FY 2007 Data for this table is currently being compiled.

Table 8. Profile of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

This table is used to describe the use of CMHS BG funds for non-direct service activities that are sponsored, or conducted by the State Mental Health Authority

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 8	
Report Year:	2009
State Identifier:	KY
Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities	
Service	**Estimated Total Block Grant**
MHA Technical Assistance Activities	$2,835
MHA Planning Council Activities	$11,753
MHA Administration	$8,676
MHA Data Collection/Reporting	$21,747
MHA Activities Other Than Those Above	$67,151
Total Non-Direct Services	**$112,162**
Comments on Data:	

Table 10. Profile of Agencies Receiving Block Grant Funds Directly from the State MHA

This table is to be used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council member reimbursements or other administrative reimbursements related to running the MHBG Program.
Please use only one row for each program

PLEASE DO NOT ADD, MERGE, DELETE OR MOVE COLUMNS AND/OR CELLS!

Table 10				
Report Year:	2009			
State Identifier:	KY			
Agency Name	**Address**	**Name of Director**	**Phone #**	**Amount of Block Grant Allocation to Agency**
Four Rivers	425 Broadway Paducah, KY 42001	Terry Hudspeth	270 442-7121	$197,857.00
Pennyroyal	P.O. Box 614 Hopkinsville, KY 42241	David Ptaszek	270 886-2205	$253,432.00
River Valley	P.O. Box 1637 Owensboro, KY 42302	Gayle DiCesare	270 689-6500	$274,853.00
Lifeskills	380 Suwanne Trail Bowling Green, KY 42102	Alice Simpson	270 901-5000	$385,062.00
Communicare	107 Crane Roost Court Elizabethtown, KY 42701	Bill Osbourne	270 769-2605	$241,138.00
Seven Counties Services	101 W. Muhammed Ali Blvd. Louisville KY 40202	Howard Bracco	502 589-8600	$948,758.00
North Key	P.O. Box 2680 Covington, KY 41012	Owen Nichols	859 578-3252	$354,548.00
Comprehend	611 Forest Ave. Maysville, KY 41056	Pamela Vaught	606 564-4016	$87,141.00
Pathways	P.O. Box 790 Ashland KY 41105	Kimberly McClanahan	606 329-8588	$500,704.00
Mountain	104 S. Front Ave Prestonsburg, KY 41653	Promod Bishnoi	606 886-8572	$244,736.00
Kentucky River	P.O. Box 794 Jackson, KY 41339	Louise Howell	606 666-9006	$105,770.00
Cumberland River	P.O. Box 568 Corbin, KY 40702	Danny Jones	606 528-7010	$337,383.00
Adanta	259 Parkers Mill Road Somerset, KY 42501	Jamie Burton	606 679-4782	$188,822.00
Bluegrass	1351 Newtown Pike Lexington, KY 40511	Shannon Ware	859 253-1686	$544,472.00
Kentucky Housing Commission	1231 Louisville Rd. Frankfort, KY 40601	Rosemary Luckett	502 564-7630	$13,334.00
Department of Corrections	State Office Bldg. 5th Floor Frankfort, KY 40601	Kevin Pangburn	502 564-6490	$50,000.00
Vocational Rehabilitation	500 Mero St. Capital Plaza Tower	Carol Estes	502 732-6103	$75,000.00
Kentucky Partnership for Families & Children (KPFC)	1st Floor, 207 Holmes Street Frankfort, KY 40601	Carol Cecil	502 875-1320	$117,606.00
Kentucky Consumer Advocate Network (KYCAN)	10510 LaGrange Road, Bldg. 103 Louisville, KY 40223	Doreen Mills	502 245-5281	$181,626.00
NAMI Kentucky	10510 LaGrange Road, Bldg. 103 Louisville, KY 40223	Carol Carrithers	502 245-5284	$86,000.00

*** If you need more lines for additional agencies, please add rows or make copies of this table.**

Table 14A. Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically.

Table 14A.																	
Report Year:	2009																
State Identifier:	KY																
	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	
0-12 Years	3378	7267	2	10,647	9	17	0	0	2	0	483	1,078	1	1	2	0	
13-17 years	3999	5411	1	9,411	4	11	0	2	4	0	556	797	0	1	1	0	
18-20 years	875	916	1	1,792	2	4	0	0	1	0	146	133	0	2	0	0	
21-64 years	18745	12991	3	31,739	54	39	0	24	13	0	1,866	1,494	0	9	10	0	
65-74 years	1210	568	1	1,779	1	2	0	0	0	0	99	37	0	0	0	0	
75+ years	592	246	0	838	0	0	0	0	0	0	36	13	0	1	0	0	
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	28799	27399	8	56,206	70	73	0	26	20	0	3,186	3,552	1	14	13	0	
Comments on Data (for Age):	Age is calculated on June 30.																
Comments on Data (for Gender):																	
Comments on Data (for Race/Ethnicity):																	
Comments on Data (Overall):																	

1. State Definitions Match the Federal Definitions:

○ Yes ◉ No

Adults with SMI, if No describe or attach state definition:

1. As defined in KRS 210.005, "chronic" (mental illness) means that clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least two (2) years, or that the individual is presently and significantly impaired in his ability to function socially or occupationally or both;
and
2. Have a diagnosis of a major mental disorder (other than substance abuse of mental retardation as the sole diagnosis) as included in the DSMIIIR classification under Schizophrenic Disorder, Psychotic Disorders, Mood Disorder, Organic Mental Disorders or Delusional (paranoid) Disorders. Personality disorders shall be considered only when information and history depict that the individual exhibits persistent disability and significant impairment in major areas of community living.

Diagnoses included in state SMI definition: Kentucky's SMI defintion above includes diagnoses.

○ Yes ◉ No

Children with SED, if No describe or attach state definition:

Diagnoses included in state SED definition:

1. A child who is under age 18 or under age 21 and was receiving mental health services prior to age 18 and the services must be continued for therapeutic benefit; and
2. Has a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders; and presents substantial limitations which have persisted for at least one year, or are judged by a mental health professional to be at high risk of continuing for one year without professional intervention in at least two of these five areas:

* Self Care
* Interpersonal Relationships
* Family Life
* Self-Direction
* Education

or

* Is a Kentucky resident and is receiving residential treatment for an emotional disability through the interstate compact; or
* Has been removed from the home by the Department for Community Based Services (Kentucky's child welfare agency) and has been unable to maintained in a stable setting due to a behavioral or emotional disability.

Table 14B. Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically.

Table 14B.													
Report Year:	2009												
State Identifier:	KY												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0 - 12 Years	3,284	7,067	2	82	190	0	12	10	0	3,378	7,267	2	10,647
13 - 17 years	3,928	5,299	1	59	99	0	12	13	0	3,999	5,411	1	9,411
18 - 20 years	853	904	1	20	10	0	2	2	0	875	916	1	1,792
21-64 years	18,541	12,838	3	156	120	0	48	33	0	18,745	12,991	3	31,739
65-74 years	1,192	556	1	7	5	0	11	7	0	1,210	568	1	1,779
75+ years	577	238	0	1	0	0	14	8	0	592	246	0	838
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	28,375	26,902	8	325	424	0	99	73	0	28,799	27,399	8	56,206
Comments on Data (for Age):	Age is calculated on June 30.												
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

Table 15. Living Situation Profile:

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period
All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

Table 15.											
Report Year:	2009										
State Identifier:	KY										
	Private Residence	**Foster Home**	**Residential Care**	**Crisis Residence**	**Children's Residential Treatment**	**Institutional Setting**	**Jail/ Correctional Facility**	**Homeless/ Shelter**	**Other**	**NA**	**Total**
0-17	47540	1845	128	421			48	151	206	389	50728
18-64	76173	236	1684	1984			993	2770	4098	262	88200
65 +	3325	2	632	100			8	29	374	201	4671
Not Available	2	0	0	0			0	0	0	3	5
TOTAL	127040	2083	2444	2505	0	0	1049	2950	4678	855	143604
Female	67350	1080	1156	1224			276	1303	2652	412	75453
Male	59654	1003	1288	1281			773	1647	2025	440	68111
Not Available	36	0	0	0			0	0	1	3	40
TOTAL	127040	2083	2444	2505	0	0	1049	2950	4678	855	143604
American Indian/Alaska Native	277	8	3	8			1	9	23	2	331
Asian	86	0	3	0			1	2	3	2	97
Black/African American	11901	335	243	350			151	454	494	24	13952
Hawaiian/Pacific Islander	91	3	1	3			0	1	3	0	102
White/Caucasian	108346	1616	2046	2042			878	2185	3331	377	120821
Hispanic *											0
More than One Race Reported	843	50	11	11			1	9	15	4	944
Race/Ethnicity Not Available	5496	71	137	91			17	290	809	446	7357
TOTAL	127040	2083	2444	2505	0	0	1049	2950	4678	855	143604
Hispanic or Latino Origin	1745	63	25	25			8	40	58	13	1977
Non Hispanic or Latino Origin	124898	2013	2366	2474			1041	2903	4586	488	140769
Hispanic or Latino Origin Not Available	397	7	53	6			0	7	34	354	858
TOTAL	127040	2083	2444	2505	0	0	1049	2950	4678	855	143604
Comments on Data:											

How Often Does your State Measure Living Situation? ☑ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☑ Other: describe: Annually updated

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

TABLE 16: DEFINITIONS AND INSTRUCTIONS

DEFINITIONS

Supported Housing:

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.

Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

Supported Employment:

Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and their return to productive employment. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client:staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

Assertive Community Treatment:

A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. A key aspect are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations, Lehman, Steinwachs and Co-Investigators of Patient Outcomes Research Team, Schizophrenia Bulletin, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on controlled, randomizaed effectiveness studies in the Surgeon General's report on mental health (Mental Health: A Report of the Surgeon General, December, 1999, Chapter 4, "Adults and Mental Health, Service Delivery, Assertive Community Treatment"). Additionally, HCFA recommended that state Medicaid agencies consider adding the service to their State Plans in HCFA Letter to State Medicaid Directors, Center for Medicaid and State Operations , June 07, 1999.

Therapeutic Foster Care:

Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed."

Multisystemic Therapy (MST)

MST views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes

Functional Family Therapy (FFT)

A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth the their family. The phases are engagement, motivation, assessment, behavior change, and generalization

INSTRUCTIONS

1 Please enter the unduplicated number of adults with serious mental illness and children with serious emotional disturbances who received each service category during the reporting year.

2 Please enter the unduplicated number of adults with serious mental illness and children with SED served in each of the age, sex and race/ethnicity categories during the reporting period.

3 States are using a variety of instruments to monitor fidelity, some of which are more standardized than others. If fidelity is being monitored in your state, please indicate the instrument being used for each service category.

Table 16: Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Specific Services:

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 16.								
Report Year:	2009							
State Identifier:	KY							
	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	n Receiving Supported Housing	n Receiving Supported Employment	n Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI served	n Receiving Therapeutic Foster Care	n Receiving Multi-Systemic Therapy	n Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Age								
0-12					44			10647
13-17					123			9411
18-20	2	8		870	12			982
21-64	90	529		31739				
65-74	4	9		1779				
75+	0	0		838				
Not Available	0	0		0				
TOTAL	96	546	0	35226	179	0	0	21040
Gender								
Female	65	265		20994	89			7834
Male	31	281		14227	90			13203
Not Available	0	0		5	0			3
Race/Ethnicity								
American Indian/Alaska Native	1	0		99	0			45
Asian	0	0		37	1			9
Black/African American	9	111		3661	24			3096
Hawaiian/Pacific Islander	0	0		21	0			6
White	85	427		29475	144			16945
Hispanic*								
More than one race	1	1		105	6			371
Not Available	0	7		1828	4			568
Hispanic/Latino Origin								
Hispanic/Latino Origin	1	2		304	1			445
Non Hispanic/Latino	94	544		34799	175			20546
Not Available	1	0		123	3			49
Do You monitor fidelity for this service?	Yes / No ○ ◉	Yes / No ○ ◉	Yes / No ○ ◉		Yes / No ○ ◉	Yes / No ○ ◉	Yes / No ○ ◉	
IF YES,								
What fidelity measure do you use?								
Who measures fidelity?								
How often is fidelity measured?								
	Yes / No	Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	○ ◉	○ ◉	○ ◉		○ ◉	○ ◉	○ ◉	
Have staff been specifically trained to implement the EBP?	○ ○	○ ○	○ ○		○ ○	○ ○	○ ○	

* Hispanic is part of the total served. ◉ Yes ○ No

Comments on Data:	Transition-age youth are duplicated on this table as opposed to the unduplication reported on table 14a where they are reported together. This is due to the design of the tables.

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 17: Profile of Adults with Serious Mental Illnesses Receiving Specific Services During The Year:

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 17.				
Report Year:	2009			
State Identifier:	KY			
	ADULTS WITH SERIOUS MENTAL ILLNESS			
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20				
21-64				
65-74				
75+				
Not Available				
TOTAL	0	0	0	0
Gender				
Female				
Male				
Not Available				
Race				
American Indian/ Alaska Native				
Asian				
Black/African American				
Hawaiian/Pacific Islander				
White				
Hispanic*				
More than one race				
Unknown				
Hispanic/Latino Origin				
Hispanic/Latino Origin				
Non Hispanic/Latino				
Hispanic origin not available				

Do You monitor fidelity for this service?	Yes	No	Yes	No	Yes	No	Yes	No
IF YES,	○	○	○	○	○	○	○	○
What fidelity measure do you use?								
Who measures fidelity?								
How often is fidelity measured?								
	Yes	No	Yes	No	Yes	No	Yes	No
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	○	○	○	○	○	○	○	○
Have staff been specifically trained to implement the EBP?	○	○	○	○	○	○	○	○

* Hispanic is part of the total served. ○ Yes ○ No

Comments on Data:	

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 20A. Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 20A.					
Report Year:	2009				
State Identifier:	KY				
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	8373	684	2255	0.08169115	0.269318046
Age					
0-12	0	0	0		
13-17	0	0	0		
18-20	377	32	88	8.49%	23.34%
21-64	7561	631	2078	8.35%	27.48%
65-74	281	16	69	5.69%	24.56%
75+	154	5	20	3.25%	12.99%
Not Available	0	0	0		
Gender					
Female	3411	273	1360	8.00%	39.87%
Male	4962	411	895	8.28%	18.04%
Gender Not Available	0	0	0		
Race					
American Indian/ Alaska Native	5	0	0	0.00%	0.00%
Asian	30	2	6	6.67%	20.00%
Black/African American	892	49	261	5.49%	29.26%
Hawaiian/Pacific Islander					
White	7351	629	1976	8.56%	26.88%
Hispanic*	41	2	6	4.88%	14.63%
More than one race	14	0	2	0.00%	14.29%
Race Not Available	40	2	4	5.00%	10.00%
Total by Hispanic/Latino Origin differs from	8373	684	2255		
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					

Are Forensic Patients Included? ○ Yes ◉ No

Comments on Data:	The data on this table include only CSH, ESH, WSH, ARH.

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 20B. Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 20B.					
Report Year:	2009				
State Identifier:	KY				
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	669	0	13	0	0.019431988
Age					
0-12	0	0	0		
13-17	0	0	0		
18-20	49	0	2	0.00%	4.08%
21-64	611	0	11	0.00%	1.80%
65-74	9	0	0	0.00%	0.00%
75+	0	0	0		
Not Available	0	0	0		
Gender					
Female	98	0	1	0.00%	1.02%
Male	571	0	12	0.00%	2.10%
Gender Not Available	0	0	0		
Race					
American Indian/ Alaska Native	0	0	0		
Asian	1	0	0	0.00%	0.00%
Black/African American	201	0	2	0.00%	1.00%
Hawaiian/Pacific Islander		0			
White	461	0	11	0.00%	2.39%
Hispanic*	5	0	0	0.00%	0.00%
More than one race	0	0	0		
Race Not Available	1	0	0	0.00%	0.00%
Total by Hispanic/Latino Origin differs from	**669**		**13**		
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
Comments on Data:	The data reported on this table include only KCPC.				

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 21. Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) Within 30/180 Days of Discharge

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 21.					
Report Year:	2009				
State Identifier:	KY				
	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	9042	694	2364	0.07675293	0.26144658
Age					
0-12	0	0	0		
13-17	0	0	0		
18-20	426	32	96	7.51%	22.54%
21-64	8172	641	2178	7.84%	26.65%
65-74	290	16	70	5.52%	24.14%
75+	154	5	20	3.25%	12.99%
Not Available	0	0			
Gender					
Female	3509	276	918	7.87%	26.16%
Male	5533	418	1446	7.55%	26.13%
Gender Not Available	0	0	0		
Race					
American Indian/ Alaska Native	5	0	1	0.00%	20.00%
Asian	31	2	6	6.45%	19.35%
Black/African American	1093	55	305	5.03%	27.90%
Hawaiian/Pacific Islander					
White	7812	633	2039	8.10%	26.10%
Hispanic*	46	2	7	4.35%	15.22%
More than one race	14	0	2	0.00%	14.29%
Race Not Available	41	2	4	4.88%	9.76%
Total by Hispanic/Latino Origin differ	9042	694	2364		
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					

1. Does this table include readmission from state psychiatric hospitals?	◉ Yes	○ No
2. Are Forensic Patients Included?	◉ Yes	○ No

Comments on Data:	This includes CSH, ESH, WSH, ARH and KCPC.

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available